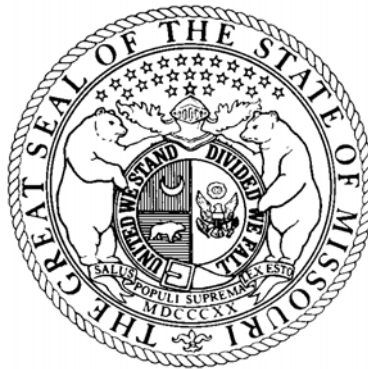


STATE OF MISSOURI HEALING ARTS PRACTICE ACT



MISSOURI STATUTES, RULES AND REGULATIONS

CHAPTER 334

PHYSICIANS AND SURGEONS, PHYSICAL THERAPISTS, PHYSICAL THERAPIST ASSISTANTS, ATHLETIC TRAINERS, PHYSICIAN ASSISTANTS

NOVEMBER 2002*

* The rules and regulations printed in this booklet are subject to change prior to the next publication. For the most current rules and regulations, please visit our website.

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Chapter 334

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PHYSICIANS AND SURGEONS

334.002. Inactive license status. 1. Notwithstanding any law to the contrary, any person licensed pursuant to this chapter may apply to the state board of registration for the healing arts for an inactive license status on a form furnished by the board. Upon receipt of the completed inactive status application form and the board's determination that the licensee meets the requirements established by rule, the board shall declare the licensee inactive and shall place the licensee on an inactive status list. A person whose license is inactive or who has discontinued his or her practice because of retirement shall not practice his or her profession within this state, but shall be allowed to practice his or her profession on himself or herself or on his or her immediate family, however, such person shall not be allowed to prescribe controlled substances. Such person may continue to use the title of his or her profession or the initials of his or her profession after such person's name.

2. During the period of inactive status, the licensee shall not be required to comply with the board's minimum requirements for continuing education.

3. If a licensee is granted inactive status, the licensee may return to active status by notifying the board in advance of his or her intention, paying the appropriate fees, and meeting all established requirements of the board as a condition of reinstatement.

4. Any licensee allowing his or her license to become inactive, may within five years of the inactive status return his or her license to active status by notifying the board in advance of such intention, paying the appropriate fees, and meeting all established licensure requirements of the board, excluding the licensing examination, as a condition of reinstatement.

(L 2002 S.B. 1182)

334.010. Unauthorized practice of medicine and surgery prohibited. 1. It shall be unlawful for any person not now a registered physician within the meaning of the law to practice medicine or surgery in any of its departments, to engage in the practice of medicine across state lines or to profess to cure and attempt to treat the sick and others afflicted with bodily or mental infirmities, or engage in the practice of midwifery in this state, except as herein provided.

2. For the purposes of this chapter, the practice of medicine across state lines shall mean:

(1) The rendering of a written or otherwise documented medical opinion concerning the diagnosis or treatment of a patient within this state by a physician located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or physician's agent; or

(2) The rendering of treatment to a patient within this state by a physician located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or physician's agent.

3. A physician located outside of this state shall not be required to obtain a license when:

(1) In consultation with a physician licensed to practice medicine in this state; and

(2) The physician licensed in this state retains ultimate authority and responsibility for the diagnosis or diagnoses and treatment in the care of the patient located within this state; or

(3) Evaluating a patient or rendering an oral, written or otherwise documented medical opinion, or when providing testimony or records for the purpose of any civil or criminal action before any judicial or administrative proceeding of this state or other forum in this state; or

(4) Participating in a utilization review pursuant to section 376.1350, RSMo.
(RSMo 1939 § 9981, A.L. 1959 S.B. 50 § 18, A.L. 1998 H.B. 1601)

334.020. Board defined. Whenever used in this chapter, unless expressly stated otherwise, the term "board" means the state board of registration for the healing arts in the state of Missouri.
(L. 1945 p. 1147 § 9992e, A.L. 1959 S.B. 50 § 1)

334.021. Reference to terms in prior laws, how construed. 1. Where other statutes of this state use the terms "physician", "surgeon", "practitioner of medicine", "practitioner of osteopathy", "board of medical examiners", or "board of osteopathic registration and examination" or similar terms, they shall be construed to mean physicians and surgeons licensed under this chapter or the state board of registration for the healing arts in the state of Missouri.

2. With the exception of section 197.700, RSMo, notwithstanding any other provision of law, no health facility, health benefit plan, managed care plan, or health carrier shall discriminate with respect to employment, staff, privileges, or the provision of professional services against a physician licensed to practice the healing arts in this state on the basis of whether the physician holds a "medical doctor", "M.D." or "doctor of osteopathy", "D.O." degree.

3. Any reference in an executive order, an administrative regulation, or in the Missouri revised statutes to "medical doctor", "M.D.", or "physician" shall be deemed to include a "doctor of osteopathy" or "D.O." unless any of those terms are specifically excluded by reference to this section. Similarly, any reference to an "osteopath", "D.O." or "physician" shall be deemed to include a "medical doctor" or "M.D.", unless any of those terms are specifically excluded by reference to this section. Similarly, any reference to a specialist shall be deemed to include those specialists accredited by either the Accreditation Council for Graduate Medical Education or the American Osteopathic Association unless specifically excluded by reference to this section.

4. The provisions of subsection 3 of this section do not apply to the makeup of boards and commissions on which an unequal number of medical doctors or osteopaths serve.
(L. 1959 S.B. 50 § 22, A.L. 2001 H.B. 567)

334.031. Qualifications of candidates for licenses. 1. Candidates for licenses as physicians and surgeons shall furnish satisfactory evidence of their good moral character, and their preliminary qualifications, to wit: A certificate of graduation from an accredited high school or its equivalent, and satisfactory evidence of completion of preprofessional education consisting of a minimum of sixty semester hours of college credits in acceptable subjects leading towards the degree of Bachelor of Arts or Bachelor of Science from an accredited college or university. They shall also furnish satisfactory evidence of having attended throughout at least four terms of thirty-two weeks of actual instructions in each term and of having received a diploma from some reputable medical college or osteopathic college that enforces requirements of four terms of thirty-two weeks for actual instruction in each term, including, in addition to class work, such experience in operative and hospital work during the last two years of instruction as is required by the American Medical Association and the American Osteopathic Association before the college is approved and accredited as reputable. Any medical college approved and accredited as reputable by the American Medical Association or the Liaison Committee on Medical Education and any osteopathic college approved and accredited as reputable by the American Osteopathic Association is deemed to have complied with the requirements of this subsection.

2. In determining the qualifications necessary for licensure as a qualified physician and surgeon, the board, by rule and regulation, may accept the certificate of the National Board of Medical Examiners of the United States, chartered pursuant to the laws of the District of Columbia, of the National Board of Examiners for Osteopathic Physicians and Surgeons chartered pursuant to the laws of the state of Indiana, or of the Licentiate of the Medical Counsel of Canada (LMCC) in lieu of and as equivalent to its own professional examination. Every applicant for a license on the basis of such certificate, upon making application showing necessary qualifications as provided in subsection 1 of this section, shall be required to pay the same fee required of applicants to take the examination before the board.

(L. 1959 S.B. 50 § 3, A.L. 1981 S.B. 16, A.L. 1997 S.B. 141)

334.035. Application for permanent license, postgraduate training requirement. Every applicant for a permanent license as a physician and surgeon shall provide the board with satisfactory evidence of having successfully completed such postgraduate training in hospitals or medical or osteopathic colleges as the board may prescribe by rule.
(L. 1987 H.B. 667, et al.)

334.040. Examination of applicants, how conducted, grades required. 1. Except as provided in section 334.260, all persons desiring to practice as physicians and surgeons in this state shall be examined as to their fitness to engage in such practice by the board. All persons applying for examination shall file a completed application with the board at least eighty days before the date set for examination upon blanks furnished by the board.

2. The examination shall be sufficient to test the applicant's fitness to practice as a physician and surgeon. The examination shall be conducted in such a manner as to conceal the identity of the applicant until all examinations have been scored. In all such examinations an average score of not less than seventy-five percent is required to pass; provided, however, that the board may require applicants to take the Federation Licensing Examination, also known as FLEX, or the United States Medical Licensing Examination (USMLE). If the FLEX examination is required, a weighted average score of no less than seventy-five percent is required to pass. The passing score of the United States Medical Licensing Examination shall be determined by the board through rule and regulation. The board shall not issue a permanent license as a physician and surgeon or allow the Missouri state board examination to be administered to any applicant who has failed to achieve a passing

score within three attempts on licensing examinations administered in one or more states or territories of the United States, the District of Columbia or Canada. The steps one, two and three of the United States Medical Licensing Examination shall be taken within a seven-year period with no more than three attempts on any step of the examination; however, the board may grant an extension of the seven-year period if the applicant has obtained a MD/PhD degree in a program accredited by the liaison committee on medical education (LCME) and a regional university accrediting body. The board may waive the provisions of this section if the applicant is licensed to practice as a physician and surgeon in another state of the United States, the District of Columbia or Canada and the applicant has achieved a passing score on a licensing examination administered in a state or territory of the United States or the District of Columbia and no license issued to the applicant has been disciplined in any state or territory of the United States or the District of Columbia. Prior to waiving the provisions of this section, the board may require the applicant to achieve a passing score on one of the following:

- (1) The American Specialty Board's certifying examination in the physician's field of specialization;
- (2) Part II of the FLEX; or
- (3) The Federation portion of the State Medical Board's Special Purpose Examination (SPEX).

3. If the board waives the provisions of this section, then the license issued to the applicant may be limited or restricted to the applicant's board specialty. Scores from one test administration shall not be combined or averaged with scores from other test administrations to achieve a passing score. The board shall not be permitted to favor any particular school or system of healing.

(RSMo 1939 § 9983, A.L. 1941 p. 418, A.L. 1945 p. 1147, A.L. 1951 p. 727, A.L. 1959 S.B. 50 § 3, A.L. 1981 S.B. 16, A.L. 1993 H.B. 564, A.L. 1997 S.B. 141)

334.043. Reciprocity--reciprocal compacts--fee. Upon the applicant paying a fee equivalent to the required examination fee and furnishing the board with all locations of previous practice and licensure in chronological order, the board shall, under regulations prescribed by it, admit without examination qualified persons who meet the requirements of this state including, but not limited to, sections 334.031, 334.035 and 334.040, and who hold certificates of licensure in any state or territory of the United States or the District of Columbia authorizing them to practice in the same manner and to the same extent as physicians and surgeons are authorized to practice by this chapter. Within the limits of this section, the board is authorized and empowered to negotiate reciprocal compacts with licensing boards of other states for admission of licensed practitioners from Missouri in other states.

(L. 1959 S.B. 51 § 4, A.L. 1981 S.B. 16, A.L. 1983 H.B. 659, A.L. 1993 H.B. 564 and H.B. 590)

334.044. Gratuitous medical services, summer camps, physician licensed in other state may perform, when. Notwithstanding any other provision of law to the contrary, any qualified physician who is legally authorized to practice under the laws of another state may practice as a physician and surgeon in this state, without examination by the board or payment of any fee, if such practice consists solely of the provision of gratuitous medical services provided for a summer camp for a period of not more than fourteen days in any one calendar year.

(L. 1992 S.B. 867) Effective 7-9-92

334.045. Temporary license granted, when, fee--conditional temporary license issued, when, limitations, expires when--no renewal. 1. Notwithstanding any other provisions of law, the board may grant a temporary license to any graduate of a reputable medical college or osteopathic college to practice as a physician and surgeon in hospitals approved by the board, who meets such other requirements as the board may prescribe by rule and regulation.

2. The temporary license provided for in subsection 1 of this section shall limit the right of the licensee to practice only in hospitals approved by the board, under the supervision of the superintendent or chief of staff of such institution, and shall be renewable in the discretion and with the approval of the board; provided, however, that no fees for services rendered shall be charged by the temporary licensee nor by the hospital where he is employed for services performed by such temporary licensee. A temporary license fee shall accompany the original application for temporary license and a similar amount shall be paid in the event the temporary license is renewed.

3. Prior to receiving all the necessary documents as required in section 334.031, the board may grant a conditional temporary license to any medical or osteopathic school graduate who is a first-time candidate in this state for temporary licensure. The conditional temporary license shall only be issued upon the board's receipt of such documentary assurances as are reasonably available from the medical or osteopathic institution to demonstrate that the candidate will fulfill the actual requirements of section 334.031, and in situations where a first-time candidate for licensure would otherwise be unable to receive a temporary license in time to begin his or her training program. The conditional temporary license shall limit the licensee to practice in the same manner as a temporary licensee and shall automatically expire either one hundred twenty days from the date of issuance or upon the issuance of a temporary license and shall not be renewed.

(L. 1963 p. 429, A.L. 1981 S.B. 16, A.L. 1987 H.B. 667, et al., A.L. 1989 S.B. 283, A.L. 1993 H.B. 564 and H.B. 590, A.L. 1995 S.B. 186) Effective 5-4-95

334.046. Temporary license to teach for physicians, requirements--interns or residents from adjoining states may act in this state, requirements--waivers granted for temporarily licensed physicians seeking permanent license. 1. Notwithstanding any other provisions of law to the contrary, the board may grant a temporary license to any otherwise qualified physician to teach or lecture in a program sponsored by an accredited medical school in the state of Missouri or any accredited hospital. The temporary license shall not extend beyond twelve months from the date of its issuance and shall terminate automatically. To be granted a temporary license pursuant to this section, a physician shall meet all requirements for permanent licensure in the state of Missouri, including those imposed by rule and regulation; except that, the board may recognize

and take into account the credentials of a physician licensed in other states or in foreign countries. Nothing contained in this section shall be construed so as to permit the issuance of a temporary license for locum tenens or other itinerant practices of the healing arts.

2. Within guidelines established by rule and regulation, the board may authorize an intern or a resident who is otherwise properly enrolled and duly licensed to participate in a program of graduate medical or osteopathic education in an accredited program in a contiguous state, to act as an intern or resident in this state; provided, that such activity is a recognized part of the educational experience offered by that program.

3. Notwithstanding any other provision of law to the contrary, the board may waive the provisions of sections 334.035 and 334.040, but not section 334.031, and grant a permanent license to practice as a physician and surgeon to the holder of a temporary license issued pursuant to this section. The board shall not grant a waiver pursuant to this section unless and until the applicant has held a temporary license for a minimum of twelve months preceding the date of application and complies with all requirements the board may impose by rule or regulation. An applicant for a permanent license pursuant to this section shall present evidence to the board that the applicant holds a certificate of licensure in any state or territory of the United States, of the District of Columbia or in a foreign country, authorizing the applicant to practice in the same manner and to the same extent as physicians and surgeons are authorized to practice by this chapter.

4. Before granting a waiver pursuant to this section, the board may require the applicant to achieve a passing score on the federation portion of the state medical board's special purpose examination (SPEX).

5. If the board grants a waiver pursuant to this section, then the license issued to the applicant may be limited or restricted to the applicant's board specialty.

6. The board may not grant a waiver pursuant to this section to any applicant who has failed to achieve a passing score within three attempts on licensing examinations administered in one or more states or territories of the United States, the District of Columbia or in any foreign country.

7. Any waiver granted by the board pursuant to this section, or pursuant to section 334.040, shall be granted in the sole discretion of the board. A refusal by the board to grant such a waiver shall not be appealable to the administrative hearing commission or circuit court.

(L. 1986 H.B. 1036, A.L. 1989 S.B. 283, A.L. 1996 H.B. 1473, A.L. 1997 S.B. 141)

334.047. License to show degree held by licensee--use on stationery and displays required. 1. On the licenses issued by the board, the board shall enter after the name of the licensee the degree to which the licensee is entitled by reason of his diploma of graduation from a professional school approved and accredited as reputable by the American Medical Association or the Liaison Committee on Medical Education or approved and accredited as reputable by the American Osteopathic Association.

2. A licensee under this chapter shall, in any letter, business card, advertisement, prescription blank or sign, designate the degree to which he is entitled by reason of his diploma of graduation from a professional school approved and accredited as reputable by the American Medical Association or the Liaison Committee on Medical Education or approved and accredited as reputable by the American Osteopathic Association.

3. On licenses issued by the board to foreign trained licensees, the board may enter the degree to which the licensee is entitled based upon the nature of the licensee's education and training and the licensee shall, in any writing or display, so designate this degree.

(L. 1959 S.B. 50 §§ 3, 21, A.L. 1981 S.B. 16, A.L. 2001 H.B. 567)

334.050. Board fund created, use--funds transferred to general revenue, when-examination and reexamination fees.

1. There is hereby established in the office of the state treasurer a fund to be known as the "Board of Registration for the Healing Arts Fund". All fees of any kind and character authorized to be charged by the board shall be collected by the director of the division of professional registration and shall be transmitted to the department of revenue for deposit in the state treasury for credit to this fund, to be disbursed only in payment of expenses of maintaining the board and for the enforcement of the provisions of law concerning professions regulated by the board; and no other money shall be paid out of the state treasury for carrying out these provisions. Warrants shall be issued on the state treasurer for payment out of said fund.

2. The provisions of section 33.080, RSMo, to the contrary notwithstanding, money in this fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds two times the amount of the appropriation from the board's funds for the preceding fiscal year or, if the board requires by rule permit renewal less frequently than yearly, then three times the appropriation from the board's funds for the preceding fiscal year. The amount, if any, in the fund which shall lapse is that amount in the fund which exceeds the appropriate multiple of the appropriations from the board's funds for the preceding fiscal year.

3. The board shall charge each person applying to and appearing before it for examination for certificate of licensure to practice as physician and surgeon, an examination fee. Should the examination prove unsatisfactory and the board refuse to issue a license thereon, the applicant failing to pass the examination may return to any meeting and be examined upon payment of a reexamination fee.

(RSMo 1939 § 9989, A.L. 1945 p. 1147, A.L. 1951 p. 727, A.L. 1959 S.B. 50 § 5, A.L. 1963 p. 429, A.L. 1981 S.B. 16, A.L. 1985 S.B. 99)

334.070. Issuance of certificates of registration to licensees, contents-display required. 1. Upon due application therefor and upon submission by such person of evidence satisfactory to the board that he is licensed to practice in this state, and upon the payment of fees required to be paid by this chapter, the board shall issue to him a certificate of registration. The certificate of registration shall contain the name of the person to whom it is issued and his office address and residence ad-

dress, the expiration date, and the date and number of the license to practice.

2. Every person shall, upon receiving such certificate, cause it to be conspicuously displayed at all times in every office maintained by him in the state. If he maintains more than one office in this state, the board shall without additional fee issue to him duplicate certificates of registration for each office so maintained. If any registrant shall change the location of his office during the period for which any certificate of registration has been issued, he shall, within fifteen days thereafter, notify the board of such change and it shall issue to him without additional fee a new registration certificate showing the new location.

(L. 1945 p. 1147 § 9992b, A.L. 1959 S.B. 50 § 7, A.L. 1981 S.B. 16)

334.073. Continuing medical education on autism. Pursuant to the requirements of 4 CSR 150-2.125, the state board of registration for the healing arts shall accept toward the fifty-hour license renewal requirement, continuing medical education courses which have an emphasis on the early diagnosis and treatment of autism in children.

(L. 2002 S.B. 1207)

334.075. Renewal of certificate, minimum continuing education requirement, exception, retired physicians. The board shall not renew any certificate of registration unless the licensee shall provide satisfactory evidence that he has complied with the board's minimum requirements for continuing education. At the discretion of the board, compliance with the provisions of this section may be waived for licensed physicians who have discontinued their practice of medicine because of retirement.

(L. 1987 H.B. 667, et al.)

334.080. Licensees to renew registration, when--application, content--failure to renew, effect. 1. Every person licensed under the provisions of this chapter shall renew his certificate of registration on or before the registration renewal date. The application shall be made under oath on a form furnished by the board. The application shall include, but not be limited to, disclosure of the following: the applicant's full name and his office and residence address and the date and number of his license; all final disciplinary actions taken against the applicant by any professional medical or osteopathic association or society, licensed hospital or medical staff of the hospital, state, territory federal agency or country; and, information concerning the applicant's current physical and mental fitness to practice as a physician and surgeon.

2. A blank form for application for registration shall be mailed to each person licensed in this state at his last known office or residence address. The failure to receive it does not, however, relieve any person of the duty to register and pay the fee required by the chapter nor exempt him from the penalties provided by this chapter for failure to register.

3. If a person licensed, certified, or registered by the board of healing arts does not renew such license, certification, or registration for two consecutive renewal periods, such license, certification, or registration shall be deemed void.

(L. 1945 p. 1147 § 9992a, A.L. 1947 V. I p. 374, A.L. 1959 S.B. 50 § 8, A.L. 1981 S.B. 16, A.L. 1987 H.B. 667, et al., A.L. 1997 S.B. 141)

334.090. Fees, amounts, how set. 1. Each applicant for registration under this chapter shall accompany the application for registration with a registration fee to be paid to the director of revenue. If the application is filed and the fee paid after the registration renewal date, a delinquent fee shall be paid; but whenever in the opinion of the board the applicant's failure to register is caused by extenuating circumstances including illness of the applicant, as defined by rule and regulation, the delinquent fee may be waived by the board. Whenever any new license is granted to any person under the provisions of this chapter, the board shall, upon application therefor, issue to such licensee a certificate of registration covering a period from the date of the issuance of the license to the next renewal date without the payment of any registration fee.

2. The board shall set the amount of the fees which this chapter authorizes and requires by rules and regulations promulgated pursuant to section 536.021, RSMo. The fees shall be set at a level to produce revenue which shall not substantially exceed the cost and expense of administering this chapter.

(L. 1945 p. 1147 § 9992c, A.L. 1951 p. 727, A.L. 1959 S.B. 50 § 9, A.L. 1963 p. 429, A.L. 1981 S.B. 16, A.L. 1987 H.B. 667, et al.)

334.097. Medical records. 1. Physicians shall maintain an adequate and complete patient record for each patient and may maintain electronic records provided the record keeping format is capable of being printed for review by the state board of registration for the healing arts. An adequate and complete patient record shall include documentation of the following information:

(1) Identification of the patient, including name, birthdate, address and telephone number;

(2) The date or dates the patient was seen;

(3) The current status of the patient, including the reason for the visit;

(4) Observation of pertinent physical findings;

(5) Assessment and clinical impression of diagnosis;

(6) Plan for care and treatment, or additional consultations or diagnostic testing, if necessary. If treatment includes medication, the physician shall include in the patient record the medication and dosage of any medication prescribed, dispensed or administered;

(7) Any informed consent for office procedures.

2. Patient records remaining under the care, custody and control of the licensee shall be maintained by the licensee of the board, or the licensee's designee, for a minimum of seven years from the date of when the last professional service was provided.

3. Any correction, addition or change in any patient record made more than forty-eight hours after the final entry is entered in the record and signed by the physician shall be clearly marked and identified as such, and the date, time and name of the person making the correction, addition or change shall be included, as well as the reason for the correction, addition or change.

4. A consultative report shall be considered an adequate medical record for a radiologist, pathologist or a consulting physician.

5. The board shall not initiate disciplinary action pursuant to subsection 2 of section 334.100 against a licensee solely based on a violation of this section. If the board initiates disciplinary action against the licensee for any reason other than a violation of this section, the board may allege violation of this section as an additional cause for discipline pursuant to subdivision (6) of subsection 2 of section 334.100.

6. The board shall not obtain a patient medical record without written authorization from the patient to obtain the medical record or the issuance of a subpoena for the patient medical record.

(L. 2002 S.B. 1024)

334.098. Disposition of certain records. 1. If the board finds merit to a complaint by an individual incarcerated or under the care and control of the department of corrections and takes further investigative action, no documentation may appear on file or disciplinary action may be taken in regards to the licensee's license unless the provisions of subsection 2 of section 334.100 have been violated. Any case file documentation that does not result in the board filing an action pursuant to subsection 2 of section 334.100 shall be destroyed within three months after the final case disposition by the board. No notification to any other licensing board in another state or any national registry regarding any investigative action shall be made unless the provisions of subsection 2 of section 334.100 have been violated.

2. Upon written request of the physician subject to complaint, prior to August 28, 1999, by an individual incarcerated or under the care and control of the department of corrections that did not result in the board filing an action pursuant to subsection 2 of section 334.100, the board and the division of professional registration, shall in a timely fashion:

(1) Destroy all documentation regarding the complaint;

(2) Notify any other licensing board in another state or any national registry regarding the board's actions if they have been previously notified of the complaint; and

(3) Send a letter to the licensee that clearly states that the board found the complaint to be unsubstantiated, that the board has taken the requested action, and notify the licensee of the provisions of subsection 3 of this section.

3. Any person who has been the subject of an unsubstantiated complaint as provided in subsection 1 or 2 of this section shall not be required to disclose the existence of such complaint in subsequent applications or representations relating to their medical practice.

(L. 1999 H.B. 343)

334.100. Denial, revocation or suspension of license, alternatives, grounds for--reinstatement provisions. 1. The board may refuse to issue or renew any certificate of registration or authority, permit or license required pursuant to this chapter for one or any combination of causes stated in subsection 2 of this section. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of the applicant's right to file a complaint with the administrative hearing commission as provided by chapter 621, RSMo. As an alternative to a refusal to issue or renew any certificate, registration or authority, the board may, at its discretion, issue a license which is subject to probation, restriction or limitation to an applicant for licensure for any one or any combination of causes stated in subsection 2 of this section. The board's order of probation, limitation or restriction shall contain a statement of the discipline imposed, the basis therefore, the date such action shall become effective, and a statement that the applicant has thirty days to request in writing a hearing before the administrative hearing commission. If the board issues a probationary, limited or restricted license to an applicant for licensure, either party may file a written petition with the administrative hearing commission within thirty days of the effective date of the probationary, limited or restricted license seeking review of the board's determination. If no written request for a hearing is received by the administrative hearing commission within the thirty-day period, the right to seek review of the board's decision shall be considered as waived.

2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered the person's certificate of registration or authority, permit or license for any one or any combination of the following causes:

(1) Use of any controlled substance, as defined in chapter 195, RSMo, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by this chapter;

(2) The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated pursuant to this chapter, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

(3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license issued pursuant to this chapter or in obtaining permission to take any examination given or required pursuant to this chapter;

(4) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct in the performance of the functions or duties of any profession licensed or regulated by this chapter, including, but not limited to, the following:

(a) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation; willfully and continually overcharging or overtreating patients; or charging for visits to the physician's office which did not occur unless the services were contracted for in advance, or for services which were not rendered or documented in the patient's records;

(b) Attempting, directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or discourage the use of a second opinion or consultation;

(c) Willfully and continually performing inappropriate or unnecessary treatment, diagnostic tests or medical or surgical services;

(d) Delegating professional responsibilities to a person who is not qualified by training, skill, competency, age, experience or licensure to perform such responsibilities;

(e) Misrepresenting that any disease, ailment or infirmity can be cured by a method, procedure, treatment, medicine or device;

(f) Performing or prescribing medical services which have been declared by board rule to be of no medical or osteopathic value;

(g) Final disciplinary action by any professional medical or osteopathic association or society or licensed hospital or medical staff of such hospital in this or any other state or territory, whether agreed to voluntarily or not, and including, but not limited to, any removal, suspension, limitation, or restriction of the person's license or staff or hospital privileges, failure to renew such privileges or license for cause, or other final disciplinary action, if the action was in any way related to unprofessional conduct, professional incompetence, malpractice or any other violation of any provision of this chapter;

(h) Signing a blank prescription form; or dispensing, prescribing, administering or otherwise distributing any drug, controlled substance or other treatment without sufficient examination, or for other than medically accepted therapeutic or experimental or investigative purposes duly authorized by a state or federal agency, or not in the course of professional practice, or not in good faith to relieve pain and suffering, or not to cure an ailment, physical infirmity or disease, except as authorized in section 334.104;

(i) Exercising influence within a physician-patient relationship for purposes of engaging a patient in sexual activity;

(j) Terminating the medical care of a patient without adequate notice or without making other arrangements for the continued care of the patient;

(k) Failing to furnish details of a patient's medical records to other treating physicians or hospitals upon proper request; or failing to comply with any other law relating to medical records;

(l) Failure of any applicant or licensee, other than the licensee subject to the investigation, to cooperate with the board during any investigation;

(m) Failure to comply with any subpoena or subpoena duces tecum from the board or an order of the board;

(n) Failure to timely pay license renewal fees specified in this chapter;

(o) Violating a probation agreement with this board or any other licensing agency;

(p) Failing to inform the board of the physician's current residence and business address;

(q) Advertising by an applicant or licensee which is false or misleading, or which violates any rule of the board, or which claims without substantiation the positive cure of any disease, or professional superiority to or greater skill than that possessed by any other physician. An applicant or licensee shall also be in violation of this provision if the applicant or licensee has a financial interest in any organization, corporation or association which issues or conducts such advertising;

(5) Any conduct or practice which is or might be harmful or dangerous to the mental or physical health of a patient or the public; or incompetency, gross negligence or repeated negligence in the performance of the functions or duties of any profession licensed or regulated by this chapter. For the purposes of this subdivision, "repeated negligence" means the failure, on more than one occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by the member of the applicant's or licensee's profession;

(6) Violation of, or attempting to violate, directly or indirectly, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter;

(7) Impersonation of any person holding a certificate of registration or authority, permit or license or allowing any person to use his or her certificate of registration or authority, permit, license or diploma from any school;

(8) Revocation, suspension, restriction, modification, limitation, reprimand, warning, censure, probation or other final disciplinary action against the holder of or applicant for a license or other right to practice any profession regulated by this chapter by another state, territory, federal agency or country, whether or not voluntarily agreed to by the licensee or applicant, including, but not limited to, the denial of licensure, surrender of the license, allowing the license to expire or lapse, or discontinuing or limiting the practice of medicine while subject to an investigation or while actually under investigation by any licensing authority, medical facility, branch of the armed forces of the United States of America, insurance company, court, agency of the state or federal government, or employer;

(9) A person is finally adjudged incapacitated or disabled by a court of competent jurisdiction;

(10) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by this chapter who is not registered and currently eligible to practice pursuant to this chapter; or knowingly performing any act which in any way aids, assists, procures, advises, or encourages any person to practice medicine who is not registered and currently eligible to practice pursuant to this chapter. A physician who works in accordance with standing orders or protocols or in accordance with the provisions of section 334.104 shall not be in violation of this subdivision;

(11) Issuance of a certificate of registration or authority, permit or license based upon a material mistake of fact;

(12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated pursuant to this chapter;

(13) Violation of the drug laws or rules and regulations of this state, any other state or the federal government;

(14) Knowingly making, or causing to be made, or aiding, or abetting in the making of, a false statement in any birth, death or other certificate or document executed in connection with the practice of the person's profession;

(15) Soliciting patronage in person or by agents or representatives, or by any other means or manner, under the person's own name or under the name of another person or concern, actual or pretended, in such a manner as to confuse, deceive, or mislead the public as to the need or necessity for or appropriateness of health care services for all patients, or the qualifications of an individual person or persons to diagnose, render, or perform health care services;

(16) Using, or permitting the use of, the person's name under the designation of "Doctor", "Dr.", "M.D.", or "D.O.", or any similar designation with reference to the commercial exploitation of any goods, wares or merchandise;

(17) Knowingly making or causing to be made a false statement or misrepresentation of a material fact, with intent to defraud, for payment pursuant to the provisions of chapter 208, RSMo, or chapter 630, RSMo, or for payment from Title XVIII or Title XIX of the federal medicare program;

(18) Failure or refusal to properly guard against contagious, infectious or communicable diseases or the spread thereof; maintaining an unsanitary office or performing professional services under unsanitary conditions; or failure to report the existence of an unsanitary condition in the office of a physician or in any health care facility to the board, in writing, within thirty days after the discovery thereof;

(19) Any candidate for licensure or person licensed to practice as a physical therapist, paying or offering to pay a referral fee or practicing or offering to practice professional physical therapy independent of the prescription and direction of a person licensed and registered as a physician and surgeon pursuant to this chapter, as a dentist pursuant to chapter 332, RSMo, or as a podiatrist pursuant to chapter 330, RSMo, whose license is in good standing;

(20) Any candidate for licensure or person licensed to practice as a physical therapist, treating or attempting to treat ailments or other health conditions of human beings other than by professional physical therapy and as authorized by sections 334.500 to 334.620;

(21) Any person licensed to practice as a physician or surgeon, requiring, as a condition of the physician-patient relationship, that the patient receive prescribed drugs, devices or other professional services directly from facilities of that physician's office or other entities under that physician's ownership or control. A physician shall provide the patient with a prescription which may be taken to the facility selected by the patient and a physician knowingly failing to disclose to a patient on a form approved by the advisory commission for professional physical therapists as established by section 334.625 which is dated and signed by a patient or guardian acknowledging that the patient or guardian has read and understands that the physician has a pecuniary interest in a physical therapy or rehabilitation service providing prescribed treatment and that the prescribed treatment is available on a competitive basis. This subdivision shall not apply to a referral by one physician to another physician within a group of physicians practicing together;

(22) A pattern of personal use or consumption of any controlled substance unless it is prescribed, dispensed or administered by another physician who is authorized by law to do so;

(23) Revocation, suspension, limitation or restriction of any kind whatsoever of any controlled substance authority, whether agreed to voluntarily or not;

(24) For a physician to operate, conduct, manage, or establish an abortion facility, or for a physician to perform an abortion in an abortion facility, if such facility comes under the definition of an ambulatory surgical center pursuant to sections 197.200 to 197.240, RSMo, and such facility has failed to obtain or renew a license as an ambulatory surgical center;

(25) Being unable to practice as a physician and surgeon or with a specialty with reasonable skill and safety to patients by reasons of medical or osteopathic incompetency, or because of illness, drunkenness, excessive use of drugs, narcotics, chemicals, or as a result of any mental or physical condition. The following shall apply to this subdivision:

(a) In enforcing this subdivision the board shall, after a hearing by the board, upon a finding of probable cause, require a physician to submit to a reexamination for the purpose of establishing his or her competency to practice as a physician or surgeon or with a specialty conducted in accordance with rules adopted for this purpose by the board, including rules to allow the examination of the pattern and practice of such physician's or surgeon's professional conduct, or to submit to a mental or physical examination or combination thereof by at least three physicians, one selected by the physician compelled to take the examination, one selected by the board, and one selected by the two physicians so selected who are graduates of a professional school approved and accredited as reputable by the association which has approved and accredited as reputable the professional school from which the licensee graduated. However, if the physician is a graduate of a medical school not accredited by the American Medical Association or American Osteopathic Association, then each party shall choose any physician who is a graduate of a medical school accredited by the American Medical Association or the American Osteopathic Association;

(b) For the purpose of this subdivision, every physician licensed pursuant to this chapter is deemed to have consented to submit to a mental or physical examination when directed in writing by the board and further to have waived all objections to the admissibility of the examining physician's testimony or examination reports on the ground that the examining physician's testimony or examination is privileged;

(c) In addition to ordering a physical or mental examination to determine competency, the board may, notwithstanding any other law limiting access to medical or other health data, obtain medical data and health records relating to a physician or applicant without the physician's or applicant's consent;

(d) Written notice of the reexamination or the physical or mental examination shall be sent to the physician, by registered mail, addressed to the physician at the physician's last known address. Failure of a physician to designate an examining physician to the board or failure to submit to the examination when directed shall constitute an admission of the allegations against the physician, in which case the board may enter a final order without the presentation of evidence, unless the failure was due to circumstances beyond the physician's control. A physician whose right to practice has been affected under this subdivision shall, at reasonable intervals, be afforded an opportunity to demonstrate that the physician can resume

the competent practice as a physician and surgeon with reasonable skill and safety to patients;

(e) In any proceeding pursuant to this subdivision neither the record of proceedings nor the orders entered by the board shall be used against a physician in any other proceeding. Proceedings under this subdivision shall be conducted by the board without the filing of a complaint with the administrative hearing commission;

(f) When the board finds any person unqualified because of any of the grounds set forth in this subdivision, it may enter an order imposing one or more of the disciplinary measures set forth in subsection 4 of this section.

3. Collaborative practice arrangements, protocols and standing orders shall be in writing and signed and dated by a physician prior to their implementation.

4. After the filing of such complaint before the administrative hearing commission, the proceedings shall be conducted in accordance with the provisions of chapter 621, RSMo. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the board may, singly or in combination, warn, censure or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed ten years, or may suspend the person's license, certificate or permit for a period not to exceed three years, or restrict or limit the person's license, certificate or permit for an indefinite period of time, or revoke the person's license, certificate, or permit, or administer a public or private reprimand, or deny the person's application for a license, or permanently withhold issuance of a license or require the person to submit to the care, counseling or treatment of physicians designated by the board at the expense of the individual to be examined, or require the person to attend such continuing educational courses and pass such examinations as the board may direct.

5. In any order of revocation, the board may provide that the person may not apply for reinstatement of the person's license for a period of time ranging from two to seven years following the date of the order of revocation. All stay orders shall toll this time period.

6. Before restoring to good standing a license, certificate or permit issued pursuant to this chapter which has been in a revoked, suspended or inactive state for any cause for more than two years, the board may require the applicant to attend such continuing medical education courses and pass such examinations as the board may direct.

7. In any investigation, hearing or other proceeding to determine a licensee's or applicant's fitness to practice, any record relating to any patient of the licensee or applicant shall be discoverable by the board and admissible into evidence, regardless of any statutory or common law privilege which such licensee, applicant, record custodian or patient might otherwise invoke. In addition, no such licensee, applicant, or record custodian may withhold records or testimony bearing upon a licensee's or applicant's fitness to practice on the ground of privilege between such licensee, applicant or record custodian and a patient.

(RSMo 1939 § 9990, A.L. 1945 p. 1147, A.L. 1959 S.B. 50 § 10, A.L. 1963 p. 429, A.L. 1974 H.B. 1328, A.L. 1976 S.B. 472, A.L. 1979 S.B. 241, A.L. 1981 S.B. 16, A.L. 1983 S.B. 44 & 45, H.B. 713 Revision, A.L. 1984 H.B. 1351, A.L. 1986 H.B. 1029, A.L. 1987 H.B. 667, et al., A.L. 1989 H.B. 320, A.L. 1990 S.B. 737, A.L. 1993 H.B. 564, A.L. 1997 S.B. 141)

334.101. List, publication of all licensees and of persons whose licenses have been revoked, when--reports of disciplinary actions, exception, voluntary entrance into treatment programs.

1. Other provisions of section 620.010, RSMo, to the contrary notwithstanding, the board shall, at least quarterly, publish a list of the names and addresses of all persons who hold licenses under the provisions of this chapter, and shall publish a list of all persons whose licenses have been suspended, revoked, surrendered, restricted, denied or withheld. The board shall mail a copy of such lists to any person, upon request.

2. Other provisions of section 620.010, RSMo, to the contrary notwithstanding, in addition, the board shall prepare and make available to the public a report upon the disciplinary matters submitted to them where the board recommends disciplinary action except in those instances when persons possessing licenses voluntarily enter treatment and monitoring programs for purposes of rehabilitation and, in these instances, only this specific action shall not be reported with any other actions taken prior to, as part of, or following voluntary entrance into such treatment programs. The report shall set forth findings of fact and any final disciplinary actions of the board. Where the board does not recommend disciplinary action, a report stating that no action is recommended shall be prepared and forwarded to the complaining party.

(L. 1987 H.B. 667, et al.)

334.102. License hearing, expedited when, procedure--order of suspension or restriction, issued when--temporary order to become final, when, full hearing, procedure.

1. Upon receipt of information that the holder of any certificate of registration or authority, permit or license issued pursuant to this chapter may present a clear and present danger to the public health and safety, the executive secretary or director shall direct that the information be brought to the board in the form of sworn testimony or affidavits during a meeting of the board.

2. The board may issue an order suspending and/or restricting the holder of a certificate of registration or authority, permit or license if it believes:

(1) The licensee's acts, conduct or condition may have violated subsection 2 of section 334.100; and

(2) A licensee is practicing, attempting or intending to practice in Missouri; and

(3) Either a licensee is unable by reason of any physical or mental condition to receive and evaluate information or to communicate decisions to the extent that the licensee's condition or actions significantly affect the licensee's ability to practice, or another state, territory, federal agency or country has issued an order suspending or restricting the holder of a license or other right to practice a profession regulated by this chapter, or the licensee has engaged in repeated acts of life-threatening negligence as defined in subsection 2 of section 334.100; and

(4) The acts, conduct or condition of the licensee constitute a clear and present danger to the public health and safety.

3. (1) The order of suspension or restriction:
 - (a) Shall be based on the sworn testimony or affidavits presented to the board;
 - (b) May be issued without notice and hearing to the licensee;
 - (c) Shall include the facts which lead the board to conclude that the acts, conduct or condition of the licensee constitute a clear and present danger to the public health and safety; and
- (2) The board or the administrative hearing commission shall serve the licensee, in person or by certified mail, with a copy of the order of suspension or restriction and all sworn testimony or affidavits presented to the board, a copy of the complaint and the request for expedited hearing, and a notice of the place of and the date upon which the preliminary hearing will be held.
- (3) The order of restriction shall be effective upon service of the documents required in subdivision (2) of this subsection.
- (4) The order of suspension shall become effective upon the entry of the preliminary order of the administrative hearing commission.
- (5) The licensee may seek a stay order from the circuit court of Cole County from the preliminary order of suspension, pending the issuance of a final order by the administrative hearing commission.
4. The board shall file a complaint in the administrative hearing commission with a request for expedited preliminary hearing and shall certify the order of suspension or restriction and all sworn testimony or affidavits presented to the board. Immediately upon receipt of a complaint filed pursuant to this section, the administrative hearing commission shall set the place and date of the expedited preliminary hearing which shall be conducted as soon as possible, but not later than five days after the date of service upon the licensee. The administrative hearing commission shall grant a licensee's request for a continuance of the preliminary hearing; however, the board's order shall remain in full force and effect until the preliminary hearing, which shall be held not later than forty-five days after service of the documents required in subdivision (2) of subsection 3.
5. At the preliminary hearing, the administrative hearing commission shall receive into evidence all information certified by the board and shall only hear evidence on the issue of whether the board's order of suspension or restriction should be terminated or modified. Within one hour after the preliminary hearing, the administrative hearing commission shall issue its oral or written preliminary order, with or without findings of fact and conclusions of law, that either adopts, terminates or modifies the board's order. The administrative hearing commission shall reduce to writing any oral preliminary order within five business days, but the effective date of the order shall be the date orally issued.
6. The preliminary order of the administrative hearing commission shall become a final order and shall remain in effect for three years unless either party files a request for a full hearing on the merits of the complaint filed by the board within thirty days from the date of the issuance of the preliminary order of the administrative hearing commission.
7. Upon receipt of a request for full hearing, the administrative hearing commission shall set a date for hearing and notify the parties in writing of the time and place of the hearing. If a request for full hearing is timely filed, the preliminary order of the administrative hearing commission shall remain in effect until the administrative hearing commission enters an order terminating, modifying, or dismissing its preliminary order or until the board issues an order of discipline following its consideration of the decision of the administrative hearing commission pursuant to section 621.110, RSMo, and subsection 3 of section 334.100.
8. In cases where the board initiates summary suspension or restriction proceedings against a physician licensed pursuant to this chapter, and said petition is subsequently denied by the administrative hearing commission, in addition to any award made pursuant to sections 536.085 and 536.087, RSMo, the board, but not individual members of the board, shall pay actual damages incurred during any period of suspension or restriction.
9. Notwithstanding the provisions of this chapter or chapter 610, RSMo, or chapter 621, RSMo, to the contrary, the proceedings under this section shall be closed and no order shall be made public until it is final, for purposes of appeal.
10. The burden of proving the elements listed in subsection 2 of this section shall be upon the state board of registration for the healing arts.
(L. 1986 S.B. 663, A.L. 1990 S.B. 737)

334.103. Automatic revocation or reinstatement of physician's license, grounds. 1. The license of a physician shall be automatically revoked at such time as the final trial proceedings are concluded whereby a physician has been adjudicated and found guilty, or has entered a plea of guilty or nolo contendere, in a felony criminal prosecution under the laws of the state of Missouri, the laws of any other state, or the laws of the United States of America for any offense reasonably related to the qualifications, functions or duties of a physician, or for any felony offense, an essential element of which is fraud, dishonesty or an act of violence, or for any felony offense involving moral turpitude, whether or not sentence is imposed, or, upon the final and unconditional revocation of the license of a physician to practice the healing arts in another state or territory upon grounds for which revocation is authorized in this state following a review of the record of the proceedings and upon a formal motion of the state board of registration for the healing arts. The license of any such physician shall be automatically reinstated if the conviction or the revocation is ultimately set aside upon final appeal in any court of competent jurisdiction.

2. Anyone who has been denied a license, permit or certificate to practice in another state shall automatically be denied a license to practice in this state. However, the board of healing arts may set up other qualifications by which such person may ultimately be qualified and licensed to practice in Missouri.
(L. 1986 H.B. 1029)

334.104. Collaborative practice arrangements, form, delegation of authority--rules, approval, restrictions--disciplinary actions. 1. A physician may enter into collaborative practice arrangements with registered professional nurses. Collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer or dispense drugs and provide treatment as long as the delivery of such health care services is within the scope of practice of the registered professional nurse and is consistent with that nurse's skill, training and competence.

2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the registered professional nurse is an advanced practice nurse as defined in subdivision (2) of section 335.016, RSMo. Such collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services.

3. The state board of registration for the healing arts pursuant to section 334.125 and the board of nursing pursuant to section 335.036, RSMo, may jointly promulgate rules regulating the use of collaborative practice arrangements. Such rules shall be limited to specifying geographic areas to be covered, the methods of treatment that may be covered by collaborative practice arrangements and the requirements for review of services provided pursuant to collaborative practice arrangements. Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. In order to take effect, such rules shall be approved by a majority vote of a quorum of each board. Neither the state board of registration for the healing arts nor the board of nursing may separately promulgate rules relating to collaborative practice arrangements. Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to chapter 197, RSMo.

4. The state board of registration for the healing arts shall not deny, revoke, suspend or otherwise take disciplinary action against a physician for health care services delegated to a registered professional nurse provided the provisions of this section and the rules promulgated thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action imposed as a result of an agreement between a physician and a registered professional nurse or registered physician assistant, whether written or not, prior to August 28, 1993, all records of such disciplinary licensure action and all records pertaining to the filing, investigation or review of an alleged violation of this chapter incurred as a result of such an agreement shall be removed from the records of the state board of registration for the healing arts and the division of professional registration and shall not be disclosed to any public or private entity seeking such information from the board or the division. The state board of registration for the healing arts shall take action to correct reports of alleged violations and disciplinary actions as described in this section which have been submitted to the National Practitioner Data Bank. In subsequent applications or representations relating to his medical practice, a physician completing forms or documents shall not be required to report any actions of the state board of registration for the healing arts for which the records are subject to removal under this section.

(L. 1993 H.B. 564, A.L. 2002 S.B. 1182)

334.105. Intractable pain treatment act--definitions. 1. Sections 334.105 to 334.107 shall be known and may be cited as the "Intractable Pain Treatment Act".

2. For purposes of sections 334.105 to 334.107, the following terms mean:

(1) "Board", the state board of registration for the healing arts;

(2) "Intractable pain", a pain state in which the cause of pain cannot be removed or otherwise treated and which in the generally accepted course of medical practice no relief or cure of the cause of the pain is possible or none has been found after reasonable efforts that have been documented in the physician's medical records;

(3) "Physician", physicians and surgeons licensed pursuant to this chapter by the board;

(4) "Therapeutic purpose", the use of controlled substances in acceptable doses with appropriate indication for the treatment of pain. Any other use is nontherapeutic.

(L. 1995 S.B. 125)

334.106. Intractable pain treatment physician may prescribe controlled substances for therapeutic purposes, requirements--exceptions. 1. Notwithstanding any other provision of law to the contrary, a physician may prescribe, administer or dispense controlled substances for a therapeutic purpose to a person diagnosed and treated by a physician for a condition resulting in intractable pain, if such diagnosis and treatment has been documented in the physician's medical records. No physician shall be subject to disciplinary action by the board solely for prescribing, administering or dispensing controlled substances when prescribed, administered or dispensed for a therapeutic purpose for a person diagnosed and treated by a physician for a condition resulting in intractable pain, if such diagnosis and treatment has been documented in the physician's medical records.

2. The provisions of subsection 1 of this section shall not apply to those persons being treated by a physician for chemical dependency because of their use of controlled substances not related to the therapeutic purposes of treatment of intractable pain.

3. The provisions of subsection 1 of this section provide no authority to a physician to prescribe, administer or dispense controlled substances to a person the physician knows or should know to be using controlled substances which use is not related to the therapeutic purpose.

4. Drug dependency or the possibility of drug dependency in and of itself is not a reason to withhold or prohibit the

prescribing, administering or dispensing of controlled substances for the therapeutic purpose of treatment of a person for intractable pain, nor shall dependency relating solely to such prescribing, administering or dispensing subject a physician to disciplinary action by the board.

(L. 1995 S.B. 125 § 334.106 subsecs. 1 to 4)

334.107. Improperly prescribing controlled substances and failure to keep required records grounds for license denial, suspension or revocation. Nothing in section 334.106 and this section shall deny the right of the board to deny, revoke or suspend the license of any physician or otherwise discipline any physician who:

(1) Prescribes, administers or dispenses a controlled substance that is nontherapeutic in nature or nontherapeutic in the manner in which it is prescribed, administered or dispensed, or fails to keep complete and accurate on-going records of the diagnosis and treatment plan;

(2) Fails to keep complete and accurate records of controlled substances received, prescribed, dispensed and administered, and disposal of drugs listed in the Missouri comprehensive drug control act contained in chapter 195, RSMo, or of controlled substances scheduled in the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. 801, et seq. A physician shall keep records of controlled substances received, prescribed, dispensed and administered, and disposal of these drugs shall include the date of receipt of the drugs, the sale or disposal of the drugs by the physician, the name and address of the person receiving the drugs, and the reason for the disposal or the dispensing of the drugs to the person;

(3) Writes false or fictitious prescriptions for controlled substances as defined in the Missouri comprehensive drug control act, chapter 195, RSMo, or for controlled substances scheduled in the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. 801, et seq.; or

(4) Prescribes or administers, or dispenses in a manner which is inconsistent with provisions of the Missouri drug control act contained in chapter 195, RSMo, or the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. 801, et seq.

(L. 1995 S.B. 125 § 334.106 subsec. 5)

334.110. Retired licensees not required to register. Any person licensed to practice as physician and surgeon in this state who retires from such practice shall file with the board an affidavit, on a form to be furnished by the board, which states the date on which he retired from such practice and such other facts as tend to verify the retirement as the board may deem necessary; but if he thereafter reengages in the practice, he shall renew his registration with the board as provided by section 334.090.

(L. 1945 p. 1147 § 9992d, A.L. 1959 S.B. 50 § 11, A.L. 1981 S.B. 16)

334.112. Limited license to practice medicine, requirements--limitations of practice. 1. A person desiring to obtain a limited license to practice medicine shall:

(1) Submit to the board, with an application and fee, not to exceed twenty-five dollars, a verified affidavit stating that he has been licensed to practice medicine in Missouri or in any state or territory of the United States or the District of Columbia for at least ten years, is retired from the practice of medicine and that his license was in good standing at retirement;

(2) Meet the requirements in section 334.031 and 334.080.

2. The board shall not require more than five hours of continuing education annually as a requirement of renewal of a limited licensee's certificate of registration.

3. A physician with a limited license may only provide without compensation primary care and preventive health care services to family members or at facilities operated by city or county health departments organized under chapter 192, RSMo, or chapter 205, RSMo, city health departments operating under city charters, combined city-county health centers, public elementary or secondary schools, federally funded community health centers, or nonprofit community health centers.

4. As used in this section, primary care and preventive health care services are limited to noninvasive procedures, and shall not include obstetrical care or any specialized care or treatment, but may include injections, the suturing of minor lacerations, and incisions of boils or superficial abscesses.

5. A physician with a limited license may not prescribe controlled substances as defined in chapter 195, RSMo.

(L. 1993 H.B. 564)

334.120. Board created--members, appointment, qualifications, terms, compensation. 1. There is hereby created and established a board to be known as "The State Board of Registration for the Healing Arts" for the purpose of registering, licensing and supervising all physicians and surgeons, and midwives in this state. The board shall consist of nine members, including one voting public member, to be appointed by the governor by and with the advice and consent of the senate, five of whom shall be graduates of professional schools approved and accredited as reputable by the American Medical Association or the Liaison Committee on Medical Education and two of whom shall be graduates of professional schools approved and accredited as reputable by the American Osteopathic Association, and all of whom, except the public member, shall be duly licensed and registered as physicians and surgeons pursuant to the laws of this state. Each member must be a citizen of the United States and must have been a resident of this state for a period of at least one year next preceding his or her appointment and shall have been actively engaged in the lawful and ethical practice of the profession of physician and surgeon for at least five years next preceding his or her appointment. Not more than four members shall be affiliated with the same political party. All members shall be appointed for a term of four years. Each member of the board shall receive as compensation an amount set by the board not to exceed fifty dollars for each day devoted to the affairs of the board, and shall be entitled to reimbursement of his or her expenses necessarily incurred in the discharge of his or her official duties. The president of the Missouri State Medical Association, for all the medical physician appointments, or the president of the Missouri Association of Osteopathic

Physicians and Surgeons, for all osteopathic physician appointments, in office at the time shall, at least ninety days prior to the expiration of the term of the respective board member, other than the public member, or as soon as feasible after the appropriate vacancy on the board otherwise occurs, submit to the director of the division of professional registration a list of five physicians and surgeons qualified and willing to fill the vacancy in question, with the request and recommendation that the governor appoint one of the five persons so listed, and with the list so submitted, the president of the Missouri State Medical Association or the Missouri Association of Osteopathic Physicians and Surgeons, as appropriate, shall include in his or her letter of transmittal a description of the method by which the names were chosen by that association.

2. The public member shall be at the time of his or her appointment a citizen of the United States; a resident of this state for a period of one year and a registered voter; a person who is not and never was a member of any profession licensed or regulated pursuant to this chapter or the spouse of such person; and a person who does not have and never has had a material, financial interest in either the providing of the professional services regulated by this chapter, or an activity or organization directly related to any profession licensed or regulated pursuant to this chapter. All members, including public members, shall be chosen from lists submitted by the director of the division of professional registration. The duties of the public member shall not include the determination of the technical requirements to be met for licensure or whether any person meets such technical requirements or of the technical competence or technical judgment of a licensee or a candidate for licensure.

(L. 1945 p. 1145 § 1, A. 1949 H.B. 2073, A.L. 1959 S.B. 50 § 2, A.L. 1981 S.B. 16, A.L. 1988 H.B. 1573, A.L. 1999 H.B. 343)

334.123. Organization of board--employment of executive director and employees--meetings--records as evidence--quorum. The board shall elect its own president and secretary, each to serve for a term of one year, and shall maintain an office and employ an executive director and such other board personnel, as defined in section 620.010, RSMo, as the board in its discretion deems necessary. Without limiting the foregoing, the board is specifically authorized to obtain the services of specially trained and qualified persons or organizations to assist in conducting examinations of applicants for licenses and may employ legal counsel. The executive director shall have the degree of Bachelor of Arts or the equivalent combination of education and experience from which comparable knowledge and abilities can be acquired. The board shall meet annually in Jefferson City and at such other times and places as the members of the board may designate, and shall keep a record of its proceedings and shall cause a register to be kept of all applicants for certificates of licensure. The records and register shall be prima facie evidence of all matters recorded therein. Four members of the board shall constitute a quorum, at least one of whom shall be a graduate of a professional school approved and accredited as reputable by the American Medical Association or the Liaison Committee on Medical Education, and at least one of whom shall be a graduate of a professional school approved and accredited as reputable by the American Osteopathic Association.

(L. 1959 S.B. 50 § 2, A.L. 1981 S.B. 16, A.L. 1990 S.B. 737, A.L. 1996 H.B. 999)

334.125. Seal--regulations--offices--rulemaking, procedure, this chapter. 1. The board shall have a common seal and shall formulate rules and regulations to govern its actions. Provision shall be made by the division of design and construction for office facilities in Jefferson City, Missouri, where the records and register of the board shall be maintained.

2. No rule or portion of a rule promulgated under the authority of this chapter shall become effective unless it has been promulgated pursuant to the provisions of section 536.024, RSMo.

(L. 1959 S.B. 50 § 2, A.L. 1993 S.B. 52, A.L. 1995 S.B. 3)

334.127. Subpoenas for witnesses, administration of oaths--enforcing subpoena, procedure. 1. The president or secretary of the board may administer oaths, subpoena witnesses, issue subpoenas duces tecum and require production of documents and records. Subpoenas, including subpoenas duces tecum, shall be served by a person authorized to serve subpoenas of courts of record. In lieu of requiring attendance of a person to produce original documents in response to a subpoena duces tecum, the board may require sworn copies of such documents to be filed with it or delivered to its designated representative.

2. The board may enforce its subpoenas, including subpoena duces tecum, by applying to a circuit court of Cole County, the county of the investigation, hearing or proceeding, or any county where the person resides or may be found, for an order upon any person who shall fail to obey a subpoena to show cause why such subpoena should not be enforced, which such order and a copy of the application therefore shall be served upon the person in the same manner as a summons in a civil action, and if the circuit court shall, after a hearing, determine that the subpoena should be sustained and enforced, such court shall proceed to enforce the subpoena in the same manner as though the subpoena had been issued in a civil case in the circuit court.

(L. 1959 S.B. 50 § 2, A.L. 1987 H.B. 667, et al.)

334.128. Investigation and hearings, persons participating not to be liable for civil damages, when. Any person who reports or provides information to the board, or any person who assists the board, including, but not limited to, physicians' health programs and individuals working, consulting with or staffing such physicians' health programs approved by the board for impaired physicians, applicants or licensees who are the subject of an investigation, physicians serving on competency panels, medical record custodians, consultants, attorneys, board members, agents, employees or expert witnesses, in the course of any investigation, hearing or other proceeding conducted by or before the board pursuant to the provisions of this chapter and who does so in good faith and without malice shall not be subject to an action for civil damages as a result thereof, and no cause of action shall arise against him or her as a result of his or her conduct pursuant to this section. The attorney general shall defend such persons in any such action or proceeding.

(L. 1987 H.B. 667, et al., A.L. 2001 H.B. 78)

334.150. Treatments of ill excepted from regulation by this chapter. It is not intended by sections 334.010 to 334.140 to prohibit isolated or occasional gratuitous service to and treatment of the afflicted, and sections 334.010 to 334.140 shall not apply to physicians and surgeons commissioned as officers of the armed forces of the United States or of the public health services of the United States while in the performance of their official duties, nor to any licensed practitioner of medicine and surgery in a border state attending the sick in this state, if he does not maintain an office or appointed place to meet patients or receive calls within the limits of this state, and if he complies with the statutes of Missouri and the rules and regulations of the department of social services relating to the reports of births, deaths and contagious diseases; and sections 334.010 to 334.140 shall not apply to Christian Science practitioners who endeavor to cure or prevent disease or suffering exclusively by spiritual means or prayer, so long as quarantine regulations relating to contagious diseases are not infringed upon; but no provision of this section shall be construed or held in any way to interfere with the enforcement of the rules and regulations adopted and approved by the department of health or any municipality under the laws of this state for the control of communicable or contagious diseases.

(RSMo 1939 § 9992, A.L. 1959 S.B. 50 § 13)

334.155. Applicability of chapter. 1. The provisions of this chapter shall apply to any licensee of this chapter performing tasks which education or licensure qualify him to perform, in any setting.

2. This chapter does not apply to dentists licensed and lawfully practicing their profession within the provisions of chapter 332, RSMo; to nurses licensed and lawfully practicing their profession within the provisions of chapter 335, RSMo; to optometrists licensed and lawfully practicing their profession within the provisions of chapter 336, RSMo; to pharmacists licensed and lawfully practicing their profession within the provisions of chapter 338, RSMo; to podiatrists licensed and lawfully practicing their profession within the provisions of chapter 330, RSMo; or to chiropractors licensed and lawfully practicing their profession within the provisions of chapter 331, RSMo.

3. The provisions of this chapter shall not prevent a licensed physician from referring a patient to or delegating responsibilities to the professions exempted by subsection 2 of this section.

(L. 1959 S.B. 50 § 16, A.L. 1981 S.B. 16, A.L. 1990 S.B. 737)

334.157. Board to promulgate certain rules relating to vaccines and immunizations. The state board of registration for the healing arts, in consultation with the department of health, shall promulgate rules and regulations requiring physicians to:

(1) Administer hepatitis B vaccine and immunoglobulin to neonates in keeping with standards of current medical practice in any instance in which the blood test for hepatitis B performed in accordance with section 210.030, RSMo, indicates the neonate has been exposed or is at risk of exposure to hepatitis B; and

(2) Recommend to the parents or legal guardians of any neonate who is not found to have been exposed or at risk of exposure to hepatitis B that the neonate receive hepatitis B vaccine in accordance with standards of current medical practice, upon receipt of informed written consent of the parents or legal guardians.

(L. 1993 H.B. 522 § 3)

334.160. Right of school to recognition, how determined. The decision of the board to deny recognition to or withdraw recognition from a school as a reputable professional school of good standing, and the action of the board in refusing to permit an applicant to take an examination, is subject to the provisions of chapter 621, RSMo.

(RSMo 1939 § 9984, A.L. 1945 p. 1147, A.L. 1959 § 14, A.L. 1981 S.B. 16)

334.170. Issuance or acceptance of false diploma or certificate, misdemeanor. Any officer, agent or employee of any professional school or college, whether organized as a corporation, association, partnership, common law trust, or individually owned and operated, who knowingly permits the issuance of any diploma or any certificate of graduation from any such school or college as aforesaid to anyone, or anyone who knowingly accepts or receives such certificate or diploma, unless the recipient or beneficiary thereof has actually attended in good faith at least eighty percent of the minimum curriculum prescribed in this chapter for such character of schools in this or some other state, and has received instruction in and has satisfactorily passed all the courses and subjects purported to be required by said school for completion of its course, and has actually been granted a degree by vote of the trustees of said college or school, shall be guilty of a class A misdemeanor.

(RSMo 1939 § 9985, A.L. 1959 S.B. 50 § 15, A.L. 1981 S.B. 16)

334.190. Practice of midwifery limited. It is unlawful for any person licensed as a midwife only to engage in any other branch of medical practice or to advertise herself as doctor, doctress or physician or to use any letters before or after her name on a sign or otherwise, indicating that she is authorized to or does engage in any other branch of medical practice.

(L. 1939 § 9993, A.L. 1945 p. 1154, A.L. 1959 S.B. 50 § 17)

334.230. Unlawful practices, injunction procedure. 1. Upon application by the board, and the necessary burden having been met, a court of general jurisdiction may grant an injunction, restraining order or other order as may be appropriate to enjoin a person from:

(1) Offering to engage or engaging in the performance of any acts or practices for which a certificate of registration or authority, permit or license is required by this chapter upon a showing that such acts or practices were performed or offered to be performed without a certificate of registration or authority, permit or license; or

(2) Engaging in any practice or business authorized by a certificate of registration or authority, permit or license issued pursuant to this chapter upon a showing that the holder presents a substantial probability of serious danger to the health, safety or welfare of any resident of the state or client or patient of the licensee.

2. Any such action shall be commenced either in the county in which such conduct occurred or in the county in which the defendant resides.

3. Any action brought under this section shall be in addition to and not in lieu of any penalty provided by this chapter and may be brought concurrently with other actions to enforce this chapter.

(L. 1959 S.B. 50 § 20, A.L. 1981 S.B. 16)

334.240. Investigation and commencement of prosecutions. Upon receiving information that any provision of sections 334.010, 334.190 and 334.250 has been or is being violated, the secretary of the board or other person designated by the board shall investigate, and upon probable cause appearing, the secretary shall, under the direction of the board, file a complaint with the administrative hearing commission or appropriate official or court. All such complaints shall be handled as provided by rule promulgated pursuant to subdivision (6) of subsection 16 of section 620.010, RSMo.

(L. 1959 S.B. 50 § 19, A.L. 1981 S.B. 16)

334.250. Unlawful practice, fraudulent filing of license or identification, penalties. 1. Any person who violates section 334.010 shall, upon conviction, be adjudged guilty of a class C felony for each and every offense; and treating each patient is considered a separate offense.

2. Any person filing or attempting to file as his own a license of another, or forged affidavit of identification, shall be guilty of a class C felony and upon conviction thereof shall be subjected to such fine and imprisonment as is provided by the statutes of this state for the crime of forgery.

(L. 1959 S.B. 50 § 19, A.L. 1981 S.B. 16, A.L. 1990 S.B. 737)

334.252. Physicians prohibited referral to certain physical therapists, definitions. As used in this section and section 334.253, the following terms mean:

(1) "Board", the state board of registration for the healing arts in the state of Missouri;

(2) "Entity", any individual, partnership, firm, corporation, or other business entity which provides, furnishes, or refers physical therapy services;

(3) "Fair market value", value in arms length transactions, consistent with the general market value and, with respect to rentals or leases, the value of rental property for general commercial purposes, not taking into account its intended use, and, in the case of a lease of space, not adjusted to reflect the additional value the prospective lessee or lessor would attribute to the proximity or convenience to the lessor where the lessor is a potential source of patient referrals to the lessee;

(4) "Joint venture", any ownership or investment interest or compensation arrangement between physicians and an entity providing physical therapy services;

(5) "Physician", any physician licensed under chapter 334;

(6) "Referral", any referral or prescription, written or verbal, for physical therapy service;

(7) "Remuneration" includes any remuneration, directly or indirectly, overtly or covertly, in-cash or in-kind arising out of a compensation arrangement of any kind. Remuneration does not include any payment by a lessee or lessor for the use of premises or equipment as long as all of the following five standards are met:

(a) The lease agreement is set out in writing and signed by the parties;

(b) The lease specifies the premises or equipment covered by the lease;

(c) If the lease is intended to provide the lessee with access to the premises or to the equipment for periodic intervals of time, rather than on a full-time basis for a term of the lease, the lease shall specify exactly the schedule of such intervals, their precise length, and the exact rent for such intervals;

(d) The term of the lease is not for less than one year;

(e) The aggregate rental charge is set in advance, is consistent with fair market in arms length transactions, and is not determined in a manner that takes into account the volume or value of any referrals or business otherwise generated between the parties;

(8) "Rural area", a county with a population density of no greater than one hundred persons per square mile, as defined by the latest United States Census.

(L. 1992 H.B. 1377 § 1 subsec. 1)

334.253. Physicians prohibited referral to certain physical therapists, when, financial relationship, defined--exceptions, effective when. 1. A physician may not make a referral to an entity for the furnishing of any physical therapy services with whom the physician, physician's employer, or immediate family member of such referring physician has a financial relationship. A financial relationship exists if the referring physician, the referring physician's employer, or immediate family member:

(1) Has a direct or indirect ownership or investment interest in the entity whether through equity, debt, or other means; or

(2) Receives remuneration from a compensation arrangement from the entity for the referral.

2. The following financial arrangements shall be exempt from disciplinary action under this section:

(1) When the entity with whom the referring physician has an ownership or investment interest is the sole provider of the physical therapy service within a rural area;

(2) When the referring physician owns registered securities issued by a publicly held corporation or publicly traded limited partnership, the shares of which are traded on a national exchange or the over-the-counter market, provided that such referring physician's interest in the publicly held corporation or publicly traded limited partnership is less than five percent and the referring physician does not receive any compensation from such publicly held corporation or publicly traded

limited partnership other than as any other owner of the shares of such publicly held corporation or publicly traded limited partnership;

(3) When the referring physician has an interest in real property resulting in a landlord-tenant relationship between the physician and the entity in which the equity interest is held, unless the rent is determined, in whole or in part, by the business volume or profitability of the tenant or is otherwise unrelated to fair market value;

(4) When the indirect ownership in the entity is by means of a bona fide debt incurred in the purchase or acquisition of the entity for a price which does not in any manner reflect the potential source of referrals from the physician with the indirect interest in the entity and the terms of the debt are fair market value, and neither the amount or the terms of the debt in any manner, directly or indirectly, constitutes a form of compensating such physician for the source of his business;

(5) When such physician's employer is a health maintenance organization as defined in subdivision (6) of section 376.960, RSMo, and such health maintenance organization owns or controls other organizations which furnish physical therapy services so long as the referral is to such owned or controlled organization and the physician does not also have a direct or indirect ownership or investment interest in such organization, physical therapy services or the health maintenance organization and the referring physician does not receive any remuneration as the result of the referral;

(6) When such physician's employer is a hospital defined in section 197.020, RSMo, and such hospital owns or controls other organizations which furnish physical therapy services so long as the referral is to such owned or controlled organization and the physician does not also have a direct or indirect ownership or investment interest in such organization, physical therapy service, or the hospital and the referring physician does not receive any remuneration as the result of the referral.

3. The provisions of sections 334.252 and 334.253 shall become effective January 1, 1995.

(L. 1992 H.B. 1377 § 1 subsecs. 2, 3, § 2)

334.260. Midwives licensed. On August 29, 1959, all persons licensed under the provisions of chapter 334, RSMo 1949, as midwives shall be deemed to be licensed as midwives under this chapter and subject to all the provisions of this chapter.

(L. 1959 S.B. 50 § 22, A.L. 1961 p. 500, A.L. 1965 p. 531)

334.265. Intoxicated person, motor vehicle accident, treatment for injuries, physician may report to law enforcement agencies, rule of confidentiality not to apply. Notwithstanding any other provision of law or rule of confidentiality to the contrary, any physician licensed under this chapter who treats a person who appears intoxicated, for injuries sustained in a motor vehicle accident, may immediately report same to a highway patrol officer or local law enforcement agency.

(L. 1987 S.B. 230 § 8)

PHYSICAL THERAPISTS

334.500. Definitions. As used in sections 334.500 to 334.685, the following terms mean:

(1) "Board", the state board of registration for the healing arts in the state of Missouri;

(2) "Physical therapist assistant", a person who is licensed as a physical therapist assistant by the board or a person who was actively engaged in practice as a physical therapist assistant on August 28, 1993;

(3) "Physical therapist", a person who is licensed to practice physical therapy;

(4) "Physical therapy", the examination, treatment and instruction of human beings to assess, prevent, correct, alleviate and limit physical disability, movement dysfunction, bodily malfunction and pain from injury, disease and any other bodily condition, such term includes, but is not limited to, the administration, interpretation and evaluation of physical therapy tests and measurements of bodily functions and structures; the planning, administration, evaluation and modification of treatment and instruction, including the use of physical measures, activities and devices, for preventive and therapeutic purposes; and the provision of consultative, educational, research and other advisory services for the purpose of reducing the incidence and severity of physical disability, movement dysfunction, bodily malfunction and pain does not include the use of surgery or obstetrics or the administration of x-radiation, radioactive substance, diagnostic x-ray, diagnostic laboratory electrocautery, electrosurgery or invasive tests or the prescribing of any drug or medicine or the administration or dispensing of any drug or medicine other than a topical agent administered or dispensed upon the direction of a physician. Physical therapists may perform electromyography and nerve conduction tests but may not interpret the results of the electromyography or nerve conduction test. Physical therapists shall practice physical therapy within the scope of their education and training as provided in sections 334.500 to 334.620.

(L. 1969 H.B. 39 § 1, A.L. 1993 H.B. 564, A.L. 1995 S.B. 452, A.L. 1996 H.B. 999)

334.506. Physical therapists may provide certain services without prescription or direction of certain health care professionals, when—limitations. 1. Nothing in this chapter shall prevent a physical therapist, whose license is in good standing, from providing educational resources and training, developing fitness or wellness programs for asymptomatic persons, or providing screening or consultative services within the scope of physical therapy practice without the prescription and direction of a person licensed and registered as a physician and surgeon pursuant to this chapter, as a chiropractor pursuant to chapter 331, RSMo, as a dentist pursuant to chapter 332, RSMo, or a podiatrist pursuant to chapter 330, RSMo, whose license is in good standing, except that no physical therapist shall initiate treatment for a new injury or illness without the prescription or direction of a person licensed and registered as a physician and surgeon pursuant to this chapter, as a chiropractor pursuant to chapter 331, RSMo, as a dentist pursuant to chapter 332, RSMo, or a podiatrist pursuant to chapter 330, RSMo, whose license is in good standing.

2. Nothing in this chapter shall prevent a physical therapist, whose license is in good standing, from examining and treating, without the prescription and direction of a person licensed and registered as a physician and surgeon pursuant to

this chapter, as a chiropractor pursuant to chapter 331, RSMo, as a dentist pursuant to chapter 332, RSMo, or a podiatrist pursuant to chapter 330, RSMo, whose license is in good standing, any person with a recurring, self-limited injury within one year of diagnosis by a person licensed and registered as a physician and surgeon pursuant to this chapter, as a chiropractor pursuant to chapter 331, RSMo, as a dentist pursuant to chapter 332, RSMo, or as a podiatrist pursuant to chapter 330, RSMo, whose license is in good standing, or any person with a chronic illness that has been previously diagnosed by a person licensed and registered as a physician and surgeon pursuant to this chapter, as a chiropractor pursuant to chapter 331, RSMo, as a dentist pursuant to chapter 332, RSMo, or a podiatrist pursuant to chapter 330, RSMo, whose license is in good standing, except that a physical therapist shall contact the patient's current physician, chiropractor, dentist, or podiatrist, within seven days of initiating physical therapy services, pursuant to this subsection, shall not change an existing physical therapy referral available to the physical therapist without approval of the patient's current physician, chiropractor, dentist, or podiatrist, and shall refer to a person licensed and registered as a physician and surgeon pursuant to this chapter, as a chiropractor pursuant to chapter 331, RSMo, as a dentist pursuant to chapter 332, RSMo, or a podiatrist pursuant to chapter 330, RSMo, whose license is in good standing, any patient whose medical condition should, at the time of examination or treatment be determined to be beyond the scope of practice of physical therapy. A physical therapist shall refer to a person licensed and registered as a physician and surgeon pursuant to this chapter, as a chiropractor pursuant to chapter 331, RSMo, as a dentist pursuant to chapter 332, RSMo, or as a podiatrist pursuant to chapter 330, RSMo, whose license is in good standing, any person whose condition, for which physical therapy services are rendered pursuant to this subsection, has not been documented to be progressing toward documented treatment goals after six visits or fourteen days, whichever shall come first. If the person's condition for which the physical therapy services are rendered under this subsection shall be documented to be progressing toward documented treatment goals, a physical therapist may continue treatment without referral from a physician, chiropractor, dentist, or podiatrist, whose license is in good standing. If treatment rendered under this subsection is to continue beyond thirty days, a physical therapist shall notify the patient's current physician, chiropractor, dentist, or podiatrist before continuing treatment beyond the thirty day limitation. A physical therapist shall also perform such notification before continuing treatment rendered under this subsection for each successive period of thirty days.

3. The provision of physical therapy services of evaluation and screening pursuant to this section, shall be limited to a physical therapist, and any authority for evaluation and screening granted within this section may not be delegated. Upon each re-initiation of physical therapy services, a physical therapist shall provide a full physical therapy evaluation prior to the re-initiation of physical therapy treatment. Physical therapy treatment provided pursuant to the provisions of subsection 2 of this section, may be delegated by physical therapists to physical therapist assistants only if the patient's current physician, chiropractor, dentist, or podiatrist has been so informed as part of the physical therapist's seven day notification upon re-initiation of physical therapy services as required in subsection 2 of this section. Nothing in this subsection shall be construed as to limit the ability of physical therapists or physical therapist assistants to provide physical therapy services in accordance with the provisions of this chapter, and upon the referral of a physician and surgeon licensed pursuant to this chapter, a chiropractor pursuant to chapter 331, RSMo, as a dentist pursuant to chapter 332, RSMo, or a podiatrist pursuant to chapter 330, RSMo, whose license is in good standing. Nothing in this subsection shall prohibit a person licensed or registered as a physician or surgeon licensed pursuant to this chapter, as a chiropractor pursuant to chapter 331, RSMo, as a dentist pursuant to chapter 331, RSMo, or a podiatrist pursuant to chapter 330, RSMo, whose license is in good standing, from acting within the scope of their practice as defined by the applicable chapters of RSMo.

4. No person licensed to practice, or applicant for licensure, as a physical therapist or physical therapist assistant shall make a medical diagnosis.

(L. 1999 H.B. 343)

334.507. Continuing Education. Each person licensed pursuant to sections 334.500 to 334.685 shall accumulate thirty hours of continuing education every two years to be eligible for relicensure, as follows:

(1) Continuing education shall be obtained through courses approved by the Missouri advisory commission for physical therapists and physical therapist assistants;

(2) Ten hours of continuing education shall be equivalent to one continuing education unit;

(3) Adherence to the continuing education requirement shall be reviewed for licensure renewal in each even-numbered year and shall include all approved continuing education courses taken during the previous two years.

(L. 1998 H.B. 1601)

334.510. License required, effective when. After October 13, 1970, no person shall hold himself or herself out as being a physical therapist or a licensed physical therapist in this state, unless such person is licensed and registered in accordance with the provisions of sections 334.500 to 334.620.

(L. 1969 H.B. 39 § 2, A.L. 1995 S.B. 452)

334.520. Board to license. The board shall license by examination, or otherwise as provided in sections 334.500 to 334.620, all physical therapists in this state, who meet the requirements of sections 334.500 to 334.620.

(L. 1969 H.B. 39 § 3, A.L. 1995 S.B. 452)

334.530. Qualifications for license--examinations, scope--examination records, how handled. 1. A candidate for license to practice as a physical therapist shall be at least twenty-one years of age. A candidate shall furnish evidence of such person's good moral character and the person's educational qualifications by submitting satisfactory evidence of completion of a program of physical therapy education approved as reputable by the board. A candidate who presents satisfactory evidence of the person's graduation from a school of physical therapy approved as reputable by the American Medical

Association or, if graduated before 1936, by the American Physical Therapy Association, or if graduated after 1988, the Commission on Accreditation for Physical Therapy Education or its successor, is deemed to have complied with the educational qualifications of this subsection.

2. Persons desiring to practice as physical therapists in this state shall appear before the board at such time and place as the board may direct and be examined as to their fitness to engage in such practice. Applications for examination shall be in writing, on a form furnished by the board and shall include evidence satisfactory to the board that the applicant possesses the qualifications set forth in subsection 1 of this section. Each application shall contain a statement that it is made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the person signing the statement, subject to the penalties of making a false affidavit or declaration. The board shall not issue a permanent license to practice as a physical therapist or allow any person to sit for the Missouri state board examination for physical therapists who has failed three or more times any physical therapist licensing examination administered in one or more states or territories of the United States or the District of Columbia.

3. The examination of qualified candidates for licenses to practice physical therapy shall include a written examination and shall embrace the subjects taught in reputable programs of physical therapy education, sufficiently strict to test the qualifications of the candidates as practitioners. The examination shall be given by the board at least once each year and shall be administered to all candidates, and the examination given at any particular time shall be the same for all candidates and the same subjects shall be included and the same questions shall be asked. Candidates shall be required to achieve a passing score, as determined by the board, on an examination before being issued a license.

4. The examination shall embrace, in relation to the human being, the subjects of anatomy, chemistry, kinesiology, pathology, physics, physiology, psychology, physical therapy theory and procedures as related to medicine, surgery and psychiatry, and such other subjects, including medical ethics, as the board deems useful to test the fitness of the candidate to practice physical therapy.

5. Examination grades or scores shall be preserved by the board subject to public inspection. Examination papers retained by the board shall be subject to public inspection for a period of three years, after which they may be destroyed.

(L. 1969 H.B. 39 § 4, A.L. 1981 S.B. 16, A.L. 1995 S.B. 452)

334.540. License without examination, when--reciprocal agreements authorized. 1. The board shall issue a license to any physical therapist who is licensed in another jurisdiction and who has had no violations, suspensions or revocations of a license to practice physical therapy in any jurisdiction, provided that, such person is licensed in a jurisdiction whose requirements are substantially equal to, or greater than, the requirements for licensure of physical therapists in Missouri at the time the applicant applies for licensure.

2. Every applicant for a license pursuant to this section, upon making application and showing the necessary qualifications as provided in subsection 1 of this section, shall be required to pay the same fee as the fee required to be paid by applicants who apply to take the examination before the board. Within the limits provided in this section, the board may negotiate reciprocal compacts with licensing boards of other states for the admission of licensed practitioners from Missouri in other states.

3. Notwithstanding the provisions of subsections 1 and 2 of this section, the board shall not issue a license to any applicant who has failed three or more times any physical therapist licensing examination administered in one or more states or territories of the United States or the District of Columbia.

(L. 1969 H.B. 39 § 5, A.L. 1974 S.B. 336, A.L. 1981 S.B. 16, A.L. 1988 H.B. 1328, A.L. 1995 S.B. 452)

334.550. Temporary license, issuance, renewal, fees. 1. Upon the applicant paying a temporary license fee, the board shall issue without examination a temporary license to practice physical therapy for a period of time not to extend beyond the time when the results of the next examination are announced to any person who meets the qualifications of subsection 1 of section 334.530; provided that, the applicant has not previously been examined in one or more states or territories of the United States or the District of Columbia. The temporary license may be renewed at the discretion of the board and payment of the temporary license fee.

2. The board may once renew a temporary license issued pursuant to this section if the licensee fails to sit for the next scheduled examination; provided that, the applicant shows good and exceptional cause for failing to sit for the examination. The applicant shall state the good and exceptional cause in writing and shall verify such statement by oath. The board shall define good and exceptional cause by rules and regulations.

3. The board may issue a temporary license to any first-time applicant for licensure by examination if such person submits an agreement-to-supervise form which is signed by the applicant's supervising physical therapist. Such temporary licensee may only engage in the practice of physical therapy under the supervision of a licensed physical therapist. The board shall define the scope of such supervision by rules and regulations.

(L. 1969 H.B. 39 § 6, A.L. 1981 S.B. 16, A.L. 1995 S.B. 452)

334.560. Examination fees, reexamination. The board shall charge each person who applies for examination for a license to practice as a physical therapist an examination fee. Should the examination prove unsatisfactory and the board refuse to issue a license thereon, the applicant failing to pass the examination may reapply and return to any meeting and be examined upon payment of a reexamination fee; but no temporary license may be issued to such persons.

(L. 1969 H.B. 39 § 7, A.L. 1981 S.B. 16, A.L. 1995 S.B. 452)

334.570. Certificate of registration--notice to renew. 1. Every person licensed under sections 334.500 to 334.620 shall, on or before the registration renewal date, apply to the board for a certificate of registration for the ensuing licensing period.

The application shall be made on a form furnished to the applicant and shall state the applicant's full name and the address at which the person practices and the address at which the person resides and the date and number of such person's license.

2. A blank form for application for registration shall be mailed to each person licensed in this state at the person's last known address of practice or residence. The failure to mail the form of application or the failure to receive it does not, however, relieve any person of the duty to register and pay the fee required by sections 334.500 to 334.620 nor exempt such person from the penalties provided by sections 334.500 to 334.620 for failure to register.

(L. 1969 H.B. 39 § 9, A.L. 1981 S.B. 16, A.L. 1995 S.B. 452)

334.580. Registration, fee. Each applicant for registration shall accompany the application for registration with a registration fee to be paid to the director of revenue for the licensing period for which registration is sought.

(L. 1969 H.B. 39 § 10, A.L. 1981 S.B. 16)

334.600. Affidavit of retirement. Any person licensed to practice as a physical therapist in this state who retires from the practice shall file with the board an affidavit, on a form furnished by the board, which states the date on which the person retired from the practice and such other facts as tend to verify the retirement as the board deems necessary, and if the person thereafter reengages in the practice, the person shall register as provided by sections 334.500 to 334.620.

(L. 1969 H.B. 39 § 12, A.L. 1981 S.B. 16, A.L. 1995 S.B. 452)

334.610. License to practice required, exceptions--unauthorized use of titles prohibited. Any person who holds himself or herself out to be a physical therapist or a licensed physical therapist within this state or any person who advertises as a physical therapist or claims that the person can render physical therapy services and who, in fact, does not hold a valid physical therapist license is guilty of a class B misdemeanor and, upon conviction, shall be punished as provided by law. Any person who, in any manner, represents himself or herself as a physical therapist, or who uses in connection with such person's name the words or letters "physical therapist", "physiotherapist", "registered physical therapist", "P.T.", "Ph.T.", "P.T. T.", "R.P.T.", or any other letters, words, abbreviations or insignia, indicating or implying that the person is a physical therapist without a valid existing license as a physical therapist issued to such person pursuant to the provisions of sections 334.500 to 334.620, is guilty of a class B misdemeanor. Nothing in sections 334.500 to 334.620 shall prohibit any person licensed in this state under chapter 331, RSMo, from carrying out the practice for which the person is duly licensed, or from advertising the use of physiologic and rehabilitative modalities; nor shall it prohibit any person licensed or registered in this state under section 334.735 or any other law from carrying out the practice for which the person is duly licensed or registered; nor shall it prevent professional and semiprofessional teams, schools, YMCA clubs, athletic clubs and similar organizations from furnishing treatment to their players and members. This section, also, shall not be construed so as to prohibit masseurs and masseuses from engaging in their practice not otherwise prohibited by law and provided they do not represent themselves as physical therapists. This section shall not apply to physicians and surgeons licensed under this chapter.

(L. 1969 H.B. 39 § 13, A.L. 1974 S.B. 336, A.L. 1981 S.B. 16, A.L. 1990 H.B. 1365 and S.B. 737, A.L. 1995 S.B. 452) *Short title. 334.620. Sections 334.500 to 334.620 shall be known as "The Physical Therapy Practice Act".* (L. 1969 H.B. 39 § 14, A.L. 1995 S.B. 452)

334.620. Short title. 334.500 to 334.620 shall be known as "The Physical Therapy Practice Act".

(L. 1969 H.B. 39 § 14, A.L. 1995 S.B. 452)

334.625. Advisory commission for physical therapists created--powers and duties--appointment--terms--expenses--staff--meetings--quorum. 1. There is hereby established an "Advisory Commission for Physical Therapists" which shall guide, advise and make recommendations to the board. The commission shall approve the examination required by section 334.530 and shall assist the board in carrying out the provisions of sections 334.500 to 334.620.

2. The commission shall be appointed no later than October 1, 1989, and shall consist of five members appointed by the governor with the advice and consent of the senate. Each member shall be a citizen of the United States and a resident of this state, and shall be licensed as a physical therapist by this state. Members shall be appointed to serve three-year terms, except that the first commission appointed shall consist of one member whose term shall be for one year; two members whose terms shall be for three years; and two members whose terms shall be for two years. The president of the Missouri Physical Therapy Association in office at the time shall, at least ninety days prior to the expiration of the term of a commission member or as soon as feasible after a vacancy on the commission otherwise occurs, submit to the director of the division of professional registration a list of five physical therapists qualified and willing to fill the vacancy in question, with the request and recommendation that the governor appoint one of the five persons so listed, and with the list so submitted, the president of the Missouri Physical Therapy Association shall include in his or her letter of transmittal a description of the method by which the names were chosen by that association.

3. Notwithstanding any other provision of law to the contrary, any appointed member of the commission shall receive as compensation an amount established by the director of the division of professional registration not to exceed seventy dollars per day for commission business plus actual and necessary expenses. The director of the division of professional registration shall establish by rule guidelines for payment. All staff for the commission shall be provided by the board of healing arts.

4. The commission shall hold an annual meeting at which it shall elect from its membership a chairman and secretary. The commission may hold such additional meetings as may be required in the performance of its duties, provided that notice of every meeting must be given to each member at least ten days prior to the date of the meeting. A quorum of the

board shall consist of a majority of its members.

(L. 1989 H.B. 320 § 1, A.L. 1995 S.B. 452, A.L. 1999 H.B. 343, A.L. 2001 H.B. 567)

PHYSICAL THERAPIST ASSISTANTS

334.650. Physical therapist assistant, license required--supervision by licensed physical therapist. 1. After January 1, 1997, no person shall hold himself or herself out as being a physical therapist assistant in this state unless the person is licensed as provided in sections 334.650 to 334.685.

2. A licensed physical therapist shall direct and supervise a physical therapist assistant at all times. The licensed physical therapist shall have the responsibility of supervising the physical therapy treatment program. No physical therapist may establish a treating office in which the physical therapist assistant is the primary care provider. No licensed physical therapist shall have under their direct supervision more than four physical therapist assistants.

(L. 1996 H.B. 999)

334.655. Physical therapist assistant, required age, evidence of character and education, educational requirements--board examination, applications-written examination, when--examination topics--examination scores-examination not required, when. 1. A candidate for licensure to practice as a physical therapist assistant shall be at least nineteen years of age. A candidate shall furnish evidence of the person's good moral character and of the person's educational qualifications. The educational requirements for licensure as a physical therapist assistant are:

(1) A certificate of graduation from an accredited high school or its equivalent; and

(2) Satisfactory evidence of completion of an associate degree program of physical therapy education accredited by the commission on accreditation of physical therapy education.

2. Persons desiring to practice as a physical therapist assistant in this state shall appear before the board at such time and place as the board may direct and be examined as to the person's fitness to engage in such practice. Applications for examination shall be in writing, on a form furnished by the board and shall include evidence satisfactory to the board that the applicant possesses the qualifications provided in subsection 1 of this section. Each application shall contain a statement that the statement is made under oath of affirmation and that its representations are true and correct to the best knowledge and belief of the person signing the statement, subject to the penalties of making a false affidavit or declaration.

3. The examination of qualified candidates for licensure to practice as physical therapist assistants shall embrace a written examination and which shall cover the curriculum taught in accredited associate degree programs of physical therapy assistant education. Such examination shall be sufficient to test the qualification of the candidates as practitioners. The examination shall be given by the board at least once each year. The board shall not issue a license to practice as a physical therapist assistant or allow any person to sit for the Missouri state board examination for physical therapist assistants who has failed three or more times any physical therapist licensing examination administered in one of more states or territories of the United States or the District of Columbia. The examination given at any particular time shall be the same for all candidates and the same curriculum shall be included and the same questions shall be asked.

4. The examination shall include, as related to the human body, the subjects of anatomy, kinesiology, pathology, physiology, psychology, physical therapy theory and procedures as related to medicine and such other subjects, including medical ethics, as the board deems useful to test the fitness of the candidate to practice as a physical therapist assistant.

5. Examination grades or scores shall be preserved by the board subject to public inspection. Examination papers retained by the board shall be subject to public inspection for a period of three years and thereafter may be destroyed.

6. The board shall license without examination any legally qualified person who is a resident of this state and who was actively engaged in practice as a physical therapist assistant on August 28, 1993. The board may license such person pursuant to this subsection until ninety days after rules developed by the state board of registration for the healing arts regarding physical therapist assistant licensing become effective.

7. A candidate to practice as a physical therapist assistant who does not meet the educational qualifications may submit to the board an application for examination if such person can furnish written evidence to the board that the person has been employed in this state for at least three of the last five years under the supervision of a licensed physical therapist and such person possesses the knowledge and training equivalent to that obtained in an accredited school. The board may license such persons pursuant to this subsection until ninety days after rules developed by the state board of healing arts regarding physical therapist assistant licensing become effective.

(L. 1996 H.B. 999, A.L. 1997 S.B. 141, A.L. 1999 H.B. 343)

334.660. Reciprocity with other states. The board shall license without examination legally qualified persons who hold certificates of licensure, registration or certification in any state or territory of the United States or the District of Columbia, who has had no violations, suspensions or revocations of such license, registration or certification, if such persons have passed a written examination to practice as a physical therapist assistant that was substantially equal to the examination requirements of this state and in all other aspects, including education, the requirements for such certificates of licensure, registration or certification were, at the date of issuance, substantially equal to the requirements for licensure in this state. The board shall not issue a license to any applicant who has failed three or more times any physical therapist assistant licensing examination administered in one or more states or territories of the United States or the District of Columbia. Every applicant for a license pursuant to this section, upon making application and providing documentation of the necessary qualifications as provided in this section, shall pay the same fee required of applicants to take the examination before the board. Within the limits of this section, the board may negotiate reciprocal contracts with licensing boards of other states for the admission of licensed practitio-

ners from Missouri in other states.
(L. 1996 H.B. 999, A.L. 1999 H.B. 343)

334.665. Temporary license. Upon the applicant paying a temporary fee, the board shall issue, without examination, a temporary license to practice as a physical therapist assistant for a period of time not to exceed beyond the time when the results of the next examination are announced to any person who meets the qualifications of section 334.655. The temporary license may be renewed at the discretion of the board and upon payment of a temporary license fee.
(L. 1996 H.B. 999)

334.670. Examination fee. The board shall charge a person, who applies for examination for a license to practice as a physical therapist assistant, an examination fee. If the person does not score a passing grade on the examination, the board may refuse to issue a license. Any applicant who fails to pass the examination may reapply and be reexamined upon payment of a reexamination fee. No temporary license may be issued to any person who has previously failed the examination in Missouri or any other state or jurisdiction.
(L. 1996 H.B. 999)

334.675. Renewal of license, application. 1. Every person licensed pursuant to sections 334.650 to 334.685 shall, on or before the licensing renewal date, apply to the board for a certificate of licensure for the next licensing period. The application for renewal shall be made on a form furnished to the applicant and shall state the applicant's full name and the address at which the applicant practices and the address at which the applicant resides and the date and number of the applicant's license.

2. A blank application form shall be mailed to each person licensed in this state pursuant to sections 334.650 to 334.685 at the person's last known address of practice or residence. The failure to mail the application for or the failure to receive the application form does not relieve any person of the duty to renew the person's license and pay the renewal fee as required by sections 334.650 to 334.685 nor shall it exempt the person from the penalties provided by sections 334.650 to 334.685 for failure to renew a license.
(L. 1996 H.B. 999)

334.680. Fees deposited in state treasury. All fees authorized pursuant to the provisions of sections 334.650 to 334.685 shall be collected by the director of the division of professional registration and shall be transmitted to the department of revenue for deposit in the state treasury to the credit of the healing arts fund.
(L. 1996 H.B. 999)

334.685. Retirement of physical therapist assistant, affidavit. Any person licensed to practice as a physical therapist assistant in this state who retires from the practice shall file with the board an affidavit, on a form furnished by the board, which states the date on which the person retired from practice and such other information required by the board to verify such retirement. If a person reengages in practice as a physical therapy assistant after a person submits an affidavit of retirement required by this section, the person shall reapply for licensure as required by sections 334.650 to 334.685.
(L. 1996 H.B. 999)

ATHLETIC TRAINERS

334.700. Short title. Sections 334.700 to 334.725 shall be known and may be cited as the "Missouri Athletic Trainers Act".
(L. 1983 H.B. 162 & 274 § 1)

334.702. Definitions. As used in sections 334.700 to 334.725, unless the context clearly requires otherwise, the following terms mean:

(1) "Apprentice athletic trainer", a person who assists in the duties usually performed by an athletic trainer and who works under the direct supervision of a registered athletic trainer;

(2) "Athlete", a person who participates in a sanctioned amateur or professional sport or recreational sport activity;

(3) "Athletic trainer", a person who meets the qualifications of section 334.708 and who, upon the direction of the team physician and/or consulting physician, practices prevention, emergency care, first aid, treatment, or physical rehabilitation of injuries incurred by athletes in the manner, means, and methods deemed necessary to effect care or rehabilitation, or both;

(4) "Board", the Missouri board for the healing arts;

(5) "Committee", the athletic trainers advisory committee;

(6) "Division", the division of professional registration of the department of economic development.

(L. 1983 H.B. 162 & 274 § 2)

334.704. Athletic trainers required to register. No person shall hold himself out as an athletic trainer in this state unless he has been registered as such under the provisions of sections 334.700 to 334.725.
(L. 1983 H.B. 162 & 274 § 3)

334.706. Board of healing arts, powers and duties--rules and regulations, procedure. 1. The board shall register applicants who meet the qualifications for athletic trainers, who file for registration, and who pay all fees required for this registra-

tion.

2. The board shall:

- (1) Prescribe application forms to be furnished to all persons seeking registration under sections 334.700 to 334.725;
- (2) Prepare and conduct examinations for applicants for registration under sections 334.700 to 334.725;
- (3) Prescribe the form and design of the registration to be issued under sections 334.700 to 334.725;
- (4) Set the fee for examination, registration, and renewal thereof;
- (5) Keep a record of all of its proceedings regarding the Missouri athletic trainers act and of all athletic trainers registered in this state;
- (6) Annually prepare a roster of the names and addresses of all athletic trainers registered in this state, copies of which shall be made available upon request to any person paying the fee therefor;
- (7) Set the fee for the roster at an amount sufficient to cover the actual cost of publishing and distributing the roster;
- (8) Appoint members of the Missouri athletic trainer advisory committee;
- (9) Adopt an official seal.

3. The board may:

- (1) Issue subpoenas to compel witnesses to testify or produce evidence in proceedings to deny, suspend, or revoke registration;
- (2) Promulgate rules pursuant to chapter 536, RSMo, in order to carry out the provisions of sections 334.700 to 334.725;
- (3) Establish guidelines for athletic trainers in sections 334.700 to 334.725.

4. No rule or portion of a rule promulgated under the authority of sections 334.700 to 334.725 shall become effective unless it has been promulgated pursuant to the provisions of section 536.024, RSMo.

(L. 1983 H.B. 162 & 274 §§ 4, 5, A.L. 1993 S.B. 52, A.L. 1995 S.B. 3)

334.708. Qualifications of athletic trainers seeking registration. 1. Any person seeking registration under sections 334.700 to 334.725 must be a resident or in the process of establishing residency in this state and must meet at least one set of the following qualifications:

- (1) Has met all of the National Athletic Trainers Association certification qualifications;
- (2) Holds a degree in physical therapy with at least a minor in physical education or health which included a basic athletic training course and has spent at least two academic years, military duty included, working under the direct supervision of a certified athletic trainer;
- (3) Can show proof acceptable to the board of experience and educational quality equal to that in subdivision (1), and can pass the examination for registration under sections 334.700 to 334.725.

2. The board shall grant, without examination, registration to any qualified nonresident athletic trainer holding a license or registration in another state if such other state recognizes registrants of the state of Missouri in the same manner.

(L. 1983 H.B. 162 & 274 § 6)

334.710. Registration forms and fee--deposit of fees. 1. All applications for initial registration under sections 334.700 to 334.725 shall be submitted on forms prescribed by the board and shall be accompanied by an initial registration fee. All applications for renewal of registration issued under sections 334.700 to 334.725 shall be submitted on forms prescribed by the board and shall be accompanied by a renewal fee.

2. All fees of any kind and character authorized to be charged by the board shall be paid to the director of revenue and shall be deposited by the state treasurer into the board for the healing arts fund, to be disbursed only in payment for expenses of maintaining the athletic trainer registration program and for the enforcement of the provisions of sections 334.700 to 334.725.

(L. 1983 H.B. 162 & 274 § 7)

334.712. Registration issued, when--content. 1. Any person who meets the qualifications listed in section 334.708, submits his application and fees in accordance with section 334.710, and has not committed any act listed in section 334.715 shall be issued registration under sections 334.700 to 334.725.

2. Each registration issued under sections 334.700 to 334.725 shall contain the name of the person to whom it was issued, the date on which it was issued and such other information as the board deems advisable. All registrations issued under sections 334.700 to 334.725 shall expire on January thirtieth of each year.

(L. 1983 H.B. 162 & 274 § 8)

334.715. Refusal--suspension--revocation of registration, grounds-reinstatement, procedure. 1. The board may refuse to register any applicant or may suspend, revoke, or refuse to renew the registration of any registrant for any one or any combination of the causes provided in section 334.100, or if the applicant or registrant:

- (1) Violated or conspired to violate any provision of sections 334.700 to 334.725 or any provision of any rule promulgated pursuant to sections 334.700 to 334.725; or
- (2) Has been found guilty of unethical conduct as defined in the ethical standards of the National Athletic Trainers Association or the National Athletic Trainers Association Board of Certification as adopted and published by the committee and the board and filed with the secretary of state.

2. Upon receipt of a written application made in the form and manner prescribed by the board, the board may reinstate any registration which has expired, been suspended or been revoked or may issue any registration which has been denied; provided, that no application for reinstatement or issuance of registration shall be considered until at least six months have

elapsed from the date of denial, expiration, suspension, or revocation when the registration to be reinstated or issued was denied issuance or renewal or was suspended or revoked for one of the causes listed in subsection 1 of this section.

(L. 1983 H.B. 162 & 274 § 9, A.L. 1997 S.B. 141)

334.717. Missouri athletic advisory committee, appointment--members, qualifications, terms, vacancies. 1. There is hereby created the "Missouri Athletic Trainer Advisory Committee", to be composed of five members to be appointed by the board.

2. The athletic trainer advisory committee shall:

(1) Assist the board in conducting examinations for applicants of athletic trainer registration;

(2) Advise the board on all matters pertaining to the registration of athletic trainers;

(3) Review all complaints and/or investigations wherein there is a possible violation of sections 334.700 to 334.725 or regulations promulgated pursuant thereto and make recommendations to the board for action;

(4) Follow the provisions of the board's administrative practice procedures in conducting all official duties.

3. Each athletic trainer advisory committee member shall:

(1) Be a citizen of the United States and a resident of the state of Missouri for five years next preceding appointment; and

(2) Be comprised of three registered athletic trainers except for initial appointees; and

(3) One member shall be a physician duly licensed by the Missouri state board for the healing arts; and

(4) One member shall be a general public member.

4. Except for the initial appointees, members shall hold office for terms of six years. The board shall designate one member for a term expiring in 1984, one member for a term expiring in 1985, one member for a term expiring in 1986, one member for a term expiring in 1987, and one member for a term expiring in 1988. In the event of death, resignation, or removal of any member, the vacancy of the unexpired term shall be filled by the board in the same manner as the other appointments.

(L. 1983 H.B. 162 & 274 § 10)

334.719. Athletic trainers prior to September 28, 1983, compliance period. Any person who is a resident of this state and who was actively engaged as an athletic trainer on September 28, 1983, shall be entitled to continue to practice as such but, within six months of that date, comply with the provisions of section 334.708 to 334.715. For the purposes of this section a person is actively engaged as an athletic trainer if he is employed on a salary basis by an educational institution, a professional athletic organization, or any other bona fide athletic organization for the duration of the institutional year or the athletic organization's season, and one of his job responsibilities requires him to perform the duties of an athletic trainer.

(L. 1983 H.B. 162 & 274 § 11)

334.720 Compensation of board members. Notwithstanding any other provision of law to the contrary, any appointed member of the board shall receive as compensation an amount established by the director of the division of professional registration not to exceed seventy dollars per day for board business plus actual and necessary expenses. The director of the division of professional registration shall establish by rule guidelines for payment.

(L. 2001 H.B. 567)

334.721. Athletic trainers not to be construed as practicing medicine--persons exempt from registration provision.

1. Nothing in sections 334.700 to 334.725 shall be construed to authorize the practice of medicine by any person not licensed by the state board of registration for the healing arts.

2. The provisions of sections 334.700 to 334.725 shall not apply to the following persons:

(1) Physicians and surgeons licensed by the state board of registration for the healing arts;

(2) Dentists licensed by the Missouri dental board who confine their practice strictly to dentistry;

(3) Optometrists licensed by the state board of optometry who confine their practice strictly to optometry, as defined in section 336.010, RSMo;

(4) Nurses licensed by the state board of nursing who confine their practice strictly to nursing;

(5) Chiropractors licensed by the state board of chiropractic examiners who confine themselves strictly to the practice of chiropractic, as defined in section 331.010, RSMo;

(6) Podiatrists licensed by the state board of chiropody or podiatry who confine their practice strictly to that of a podiatrist, as defined in section 330.010, RSMo;

(7) Professional physical therapists licensed by the state board of registration for the healing arts who confine their practice strictly to professional physical therapy, as defined in section 334.500;

(8) Coaches and physical education instructors in the performance of their duties;

(9) Apprentice athletic trainers who confine themselves strictly to their duties as defined in sections 334.700 to 334.725;

(10) Athletic trainers from other nations, states, or territories performing their duties for their respective teams or organizations if they restrict their duties only to their teams or organizations and only during the course of their teams' or organizations' stay in this state.

(L. 1983 H.B. 162 & 274 § 12)

334.725. Violations, penalty. Any person who violates any provision of sections 334.700 to 334.725 is guilty of a misdemeanor and, upon conviction thereof, shall be punished as for a class C misdemeanor.

PHYSICIAN ASSISTANTS

334.735. Definitions. 1. As used in sections 334.735 to 334.749, the following terms mean:

- (1) "Applicant", any individual who seeks to become licensed as a physician assistant;
- (2) "Certification" or "registration", a process by a certifying entity that grants recognition to applicants meeting predetermined qualifications specified by such certifying entity;
- (3) "Certifying entity", the nongovernmental agency or association which certifies or registers individuals who have completed academic and training requirements;
- (4) "Department", the department of economic development or a designated agency thereof;
- (5) "License", a document issued to an applicant by the department acknowledging that the applicant is entitled to practice as a physician assistant;
- (6) "Physician assistant", a person who has graduated from a physician assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or by its successor agency, who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants and has active certification by the National Commission on Certification of Physician Assistants who provides health care services delegated by a licensed physician. A person who has been employed as a physician assistant for three years prior to August 28, 1989, who has passed the National Commission on Certification of Physician Assistants examination, and has active certification of the National Commission on Certification of Physician Assistants;
- (7) "Recognition", the formal process of becoming a certifying entity as required by the provisions of sections 334.735 to 334.749;

(8) "Supervision", control exercised over a physician assistant working within the same office facility of the supervising physician except a physician assistant may make follow-up patient examinations in hospitals, nursing homes and correctional facilities, each such examination being reviewed, approved and signed by the supervising physician. The board shall promulgate rules pursuant to chapter 536, RSMo, for the proximity of practice between the physician assistant and the supervising physician and documentation of joint review of the physician assistant activity by the supervising physician and the physician assistant.

2. The scope of practice of a physician assistant shall consist only of the following services and procedures:

- (1) Taking patient histories;
- (2) Performing physical examinations of a patient;
- (3) Performing or assisting in the performance of routine office laboratory and patient screening procedures;
- (4) Performing routine therapeutic procedures;
- (5) Recording diagnostic impressions and evaluating situations calling for attention of a physician to institute treatment procedures;
- (6) Instructing and counseling patients regarding mental and physical health using procedures reviewed and approved by a licensed physician;
- (7) Assisting the supervising physician in institutional settings, including reviewing of treatment plans, ordering of tests and diagnostic laboratory and radiological services, and ordering of therapies, using procedures reviewed and approved by a licensed physician;
- (8) Assisting in surgery;
- (9) Performing such other tasks not prohibited by law under the supervision of a licensed physician as the physician's assistant has been trained and is proficient to perform;
- (10) Physician assistants shall not perform abortions.

3. Physician assistants shall not prescribe nor dispense any drug, medicine, device or therapy independent of consultation with the supervising physician, nor prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual power or visual efficiency of the human eye, nor administer or monitor general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing and dispensing of drugs, medications, devices or therapies by a physician assistant shall be pursuant to a physician assistant supervision agreement which is specific to the clinical conditions treated by the supervising physician and the physician assistant shall be subject to the following:

- (1) A physician assistant shall not prescribe controlled substances;
- (2) The types of drugs, medications, devices or therapies prescribed or dispensed by a physician assistant shall be consistent with the scopes of practice of the physician assistant and the supervising physician;
- (3) All prescriptions shall conform with state and federal laws and regulations and shall include the name, address and telephone number of the physician assistant and the supervising physician;
- (4) A physician assistant or advanced practice nurse as defined in section 335.016, RSMo, may request, receive and sign for noncontrolled professional samples and may distribute professional samples to patients;
- (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies the supervising physician is not qualified or authorized to prescribe; and
- (6) A physician assistant may only dispense starter doses of medication to cover a period of time for seventy-two hours or less.

4. A physician assistant shall clearly identify himself or herself as a physician assistant and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr." or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician assistant shall practice or attempt to practice without physician supervision or in any lo-

cation where the supervising physician is not immediately available for consultation, assistance and intervention, except in an emergency situation, nor shall any physician assistant bill a patient independently or directly for any services or procedure by the physician assistant.

5. The physician assistant shall be a person who is a graduate of a physician assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or its successor or is certified by a national nongovernmental agency or association, who has passed the National Commission on Certification of Physician Assistants examination and has active certification by the National Commission on Certification of Physician Assistants or its successor. A person who has been employed as a physician assistant for three years prior to August 28, 1989, and has passed the National Commission on Certification of Physician Assistants examination shall be deemed to have met the academic requirements necessary for licensing.

6. For purposes of this section, the licensing of physician assistants shall take place within processes established by the state board of registration for the healing arts through rule and regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536, RSMo, establishing licensing and renewal procedures, supervision, supervision agreements, fees, and addressing such other matters as are necessary to protect the public and discipline the profession. An application for licensing may be denied or the license of a physician assistant may be suspended or revoked by the board in the same manner and for violation of the standards as set forth by section 334.100, or such other standards of conduct set by the board by rule or regulation. Persons licensed pursuant to the provisions of chapter 335, RSMo, shall not be required to be licensed as physicians assistants.

7. "Physician assistant supervision agreement", a written agreement, jointly agreed upon protocols or standing order between a supervising physician and a physician assistant, which provides for the delegation of health care services from a supervising physician to a physician assistant and the review of such services.

8. When a physician assistant supervision agreement is utilized to provide health care services for conditions other than acute self-limited or well-defined problems, the supervising physician or other physician designated in the supervision agreement, shall see the patient for evaluation and approve or formulate the plan of treatment for new or significantly changed conditions as soon as practical, but in no case more than two weeks after the patient has been seen by the physician assistant.

9. At all times the physician is responsible for the oversight of the activities of, and accepts responsibility for, health care services rendered by the physician assistant.

(L. 1989 S.B. 217 § 1, A.L. 1996 H.B. 999, A.L. 1997 S.B. 141, A.L. 1998 H.B. 1601)

334.736. Physician assistants, temporary registration, requirements, fees, renewal. Notwithstanding any other provision of sections 334.735 to 334.749, the board may issue without examination a temporary license to practice as a physician assistant. Upon the applicant paying a temporary license fee and the submission of all necessary documents as determined by the board, the board may grant a temporary license to any person who meets the qualifications provided in section 334.735 which shall be valid until the results of the next examination are announced. The temporary license may be renewed at the discretion of the board and upon payment of the temporary license fee.

(L. 1995 S.B. 452, A.L. 1998 H.B. 1601)

334.737. Certifying entity to register with department--information required--approval or termination of certification after review and public hearing. 1. Any certifying entity desiring recognition shall register with the department the following information: (1) The standards governing such certification or registration, which shall include requirements for a baccalaureate or postbaccalaureate degree, with a major course of study recognized by the certifying entity, from a recognized educational institution accredited by the Council on Post-Secondary Accreditation and the United States Department of Education or a program accredited by the Committee on Allied Health, Education and Accreditation of the American Medical Association;

(2) The nature and duration of any education including, but not limited to, whether the education included a substantial amount of supervised field experience; whether education programs exist in this state; if there is an experience requirement and what the requirement entails; whether the experience must be acquired under the direction or supervision of another certified or registered person; whether there is an alternative method of receiving certification or registration; whether all applicants will be required to pass an examination for certification or registration; and, if an examination is required, by whom the examination was developed;

(3) The term of certification or registration;

(4) The manner in which certified or registered personnel must demonstrate continuing maintenance of competence;

(5) Procedures for renewal of certification or registration including fees, reexamination, and all other requirements;

(6) The code of ethics for certified or registered personnel, if any;

(7) Grounds for suspension or revocation of certification or registration whether temporary or permanent, and justification for reinstatement, if any;

(8) A description of the certifying entity, the service or practice being evaluated and a list of associations, organizations or other groups representing the service or practice;

(9) Other information which may be required by the department.

2. The department shall determine a fee to be charged to certifying entities that register their certification or registration procedures. The fee shall cover the cost of filing such applications for recognition.

3. The certifying entity, as a condition for recognition pursuant to sections 334.735 to 334.748, shall certify compliance with its standards to the department for all applicants seeking a certificate of registration pursuant to sections 334.735 to 334.748 and may be required to recertify compliance to the department upon request by the department.

4. The department shall approve or disapprove certifying entities for any of the professions included in the scope of

sections 334.735 to 334.748 following review of the application submitted and following a public hearing on the application for recognition of such certifying entity.

5. The department may terminate its recognition of any certifying entity for any of the professions included in the scope of sections 334.735 to 334.748 following a subsequent review of the certification or registration procedures of the certifying entity and following a public hearing.
(L. 1989 S.B. 217 § 2)

334.738. Certification, application, form, fee, not refundable--requirements--certificate issued, when--destroyed certificate replacement, fee. 1. Each person desiring a license pursuant to sections 334.735 to 334.749 shall make application to the department upon such forms and in such manner as may be prescribed by the department and shall pay the required application fee as set by the department. The application fee shall cover the cost of issuing the license and shall not be refundable. Each application shall contain a statement that it is made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the person signing the same, subject to the penalties of making a false declaration or affidavit. Such application shall include proof of certification or registration by a certifying entity, date the certification or registration process was completed with the certifying entity, the name of the certifying entity, any identification numbers and any other information necessary for the department to verify the certification or registration.

2. The department, upon approval of the application from an applicant, shall issue a license to such applicant.

3. A license is valid for two years from the date it is issued and may be renewed annually by filing an application for renewal with the department and paying the required renewal fee as set by the department. The department shall notify each licensee in writing of the expiration date of the person's license at least thirty days before that date, and shall issue a license to any registrant who returns a completed application form and pays a renewal fee before the person's license expires.

4. A new license to replace any license lost, destroyed, or mutilated may be issued to any applicant, subject to rules and regulations issued by the department upon the payment of a reasonable fee.
(L. 1989 S.B. 217 § 3, A.L. 1998 H.B. 1601)

334.740. Title of registered profession--used only by registered persons--service may be performed without registration, when--violation, penalty. 1. No person shall hold himself or herself out to the public by any title or description including the words licensed physician assistant or physician assistant as defined in section 334.735 unless the person is duly licensed pursuant to the provisions of sections 334.735 to 334.749, if a certifying entity has been recognized by the department.

2. Nothing in sections 334.735 to 334.749 shall be construed as prohibiting any individual whether licensed pursuant to sections 334.735 to 334.749 or not from providing the services of physician assistant.

3. Any person found guilty of violating any provision of subsections 1 and 2 of this section is guilty of an infraction and upon conviction thereof shall be punished as provided by law. For purposes of this subsection, the maximum fine for a violation of this section shall be one thousand dollars.

(L. 1989 S.B. 217 §§ 4, 8, A.L. 1995 S.B. 452, A.L. 1996 H.B. 999, A.L. 1997 S.B. 141, A.L. 1998 H.B. 1601)

334.741. Revocation or suspension, notice to department, requirement--list of registered persons to be available. 1. Certifying entities shall notify the department of any temporary or permanent revocation or suspension imposed by them.

2. The department, upon receipt of notification by a certifying entity of any temporary or permanent revocation or suspension imposed by that entity, shall notify the licensee within thirty days that such license is revoked. The licensee shall immediately surrender the person's license to the department.

3. The department shall maintain a list of individuals who hold a valid license for the provision of a given service or practice for public inspection and shall respond to public inquiries concerning licensees who have received a license.

(L. 1989 S.B. 217 § 5, A.L. 1998 H.B. 1601)

334.742. Nonresident of Missouri may apply for certification, requirements. Any nonresident of Missouri who enters the state and intends to provide a service or practice for which a license is required pursuant to sections 334.735 to 334.749 may apply for a license, provided that the applicant meets the requirements imposed by the certifying entity.

(L. 1989 S.B. 217 § 6, A.L. 1998 H.B. 1601)

334.743. Rulemaking, procedure--rules effective, when, void, when. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is promulgated to administer and enforce sections 334.735 to 334.749, shall become effective only if the agency has fully complied with all of the requirements of chapter 536, RSMo, including but not limited to, section 536.028, RSMo, if applicable, after August 28, 1998. All rulemaking authority delegated prior to August 28, 1998, is of no force and effect and repealed as of August 28, 1998, however nothing in this act* shall be interpreted to repeal or affect the validity of any rule adopted and promulgated prior to August 28, 1998. If the provisions of section 536.028, RSMo, apply, the provisions of this section are nonseverable and if any of the powers vested with the general assembly pursuant to section 536.028, RSMo, to review, to delay the effective date, or to disapprove and annul a rule or portion of a rule are held unconstitutional or invalid, the purported grant of rulemaking authority and any rule so proposed and contained in the order of rulemaking shall be invalid and void, except that nothing in this act* shall affect the validity of any rule adopted and promulgated prior to August 28, 1998.

(L. 1989 S.B. 217 § 7, A.L. 1993 S.B. 52, A.L. 1995 S.B. 3, A.L. 1998 H.B. 1601, et al.) *"*This act*" (H.B. 1601, et al., 1998) contains numerous sections. Consult Disposition of Sections table for definitive listing.

334.745. Fees deposited in board of registration for the healing arts fund. 1. All fees payable pursuant to the provisions of sections 334.735 to 334.748 shall be collected by the division of professional registration, which shall transmit them to the department of revenue for deposit in the state treasury to the credit of the board of registration for the healing arts fund.

2. Upon appropriation by the general assembly, the money in the fund shall be used to administer the provisions of sections 334.735 to 334.749.

(L. 1989 S.B. 217 § 9, A.L. 1996 H.B. 999, A.L. 1997 S.B. 141)

334.746. Staff for health care provider--certification. All staff for the health care providers certification and registration program shall be provided by the director of the department of economic development through the director of the division of professional registration.

(L. 1989 S.B. 217 § 10)

334.748. Physician assistant, notice required to be posted that assistant is serving--hospital may limit assistant's activities. 1. No physician assistant shall be used in any office of a physician or in a clinic or hospital unless a notice stating that a physician assistant is utilized is posted in a prominent place in such office, clinic or hospital.

2. Notwithstanding the provisions of sections 334.735 to 334.748, or the rules of the Missouri state board of registration for the healing arts, the governing body of every hospital shall have full authority to limit the functions and activities of any physician assistants performed in such hospital.

(L. 1989 S.B. 217 § 11, 12)

334.749. Advisory Commission for Physician Assistants, established, responsibilities--appointments to commission, members--compensation-annual meeting, elections. 1. There is hereby established an "Advisory Commission for Physician Assistants" which shall guide, advise and make recommendations to the board. The commission shall also be responsible for the ongoing examination of the scope of practice and promoting the continuing role of physician assistants in the delivery of health care services. The commission shall assist the board in carrying out the provisions of sections 334.735 to 334.749.

2. The commission shall be appointed no later than October 1, 1996, and shall consist of five members, one member of the board, two licensed physician assistants, one physician and one lay member. The two licensed physician assistant members, the physician member and the lay member shall be appointed by the governor with the advice and consent of the senate. Each licensed physician assistant member shall be a citizen of the United States and a resident of this state, and shall be licensed as a physician assistant by this state. The physician member shall be a United States citizen, a resident of this state, have an active Missouri license to practice medicine in this state and shall be a supervising physician, at the time of appointment, to a licensed physician assistant. The lay member shall be a United States citizen and a resident of this state. The licensed physician assistant members shall be appointed to serve three-year terms, except that the first commission appointed shall consist of one member whose term shall be for one year and one member whose term shall be for two years. The physician member and lay member shall each be appointed to serve a three-year term. No physician assistant member nor the physician member shall be appointed for more than two consecutive three-year terms. The president of the Missouri Academy of Physicians Assistants in office at the time shall, at least ninety days prior to the expiration of a term of a physician assistant member of a commission member or as soon as feasible after such a vacancy on the commission otherwise occurs, submit to the director of the division of professional registration a list of five physician assistants qualified and willing to fill the vacancy in question, with the request and recommendation that the governor appoint one of the five persons so listed, and with the list so submitted, the president of the Missouri Academy of Physicians Assistants shall include in his or her letter or transmittal a description of the method by which the names were chosen by that association.

3. Notwithstanding any other provision of law to the contrary, any appointed member of the commission shall receive as compensation an amount established by the director of the division of professional registration not to exceed seventy dollars per day for commission business plus actual and necessary expenses. The director of the division of professional registration shall establish by rule guidelines for payment. All staff for the commission shall be provided by the state board of registration for the healing arts.

4. The commission shall hold an open annual meeting at which time it shall elect from its membership a chairman and secretary. The commission may hold such additional meetings as may be required in the performance of its duties, provided that notice of every meeting shall be given to each member at least ten days prior to the date of the meeting. A quorum of the commission shall consist of a majority of its members.

5. On August 28, 1998, all members of the advisory commission for registered physician assistants shall become members of the advisory commission for physician assistants and their successor shall be appointed in the same manner and at the time their terms would have expired as members of the advisory commission for registered physician assistants.

(L. 1996 H.B. 999, A.L. 1998 H.B. 1601, A.L. 1999 H.B. 343, A.L. 2001 H.B. 567)

Title 4

Department of Economic Development

Division 150

State Board of Registration for the Healing Arts

PHYSICIANS AND SURGEONS

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Title 4
DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 150
STATE BOARD OF REGISTRATION FOR THE
HEALING ARTS

Chapter 1
ORGANIZATION

4 CSR 150-1.010 General Organization, Information Requests and Board Compensation

PURPOSE: This rule describes the organization and general courses and methods of operation of the State Board of Registration for the Healing Arts to comply with the requirements of section 536.023, RSMo.

(1) Based on the authority granted by the legislature, the mission of the State Board of Registration for the Healing Arts is to protect the citizens of the state through the licensing of physicians and other health designated professionals, assessing their competence to practice and their moral character. It is also the board's duty to investigate all complaints against its licensees in a fair and equitable manner.

(2) The public may obtain information, make submissions or direct requests to the board by communications in writing with the executive secretary, Missouri State Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102.

(3) The amount of compensation to be paid to each member of the State Board of Registration for the Healing Arts shall be determined as follows:

(A) Each member of the board whose term of office begins on or after September 28, 1981 shall receive as compensation the sum of fifty dollars (\$50) for each day that member devotes to the affairs of the board;

(B) In addition to the compensation fixed in this rule, each member is entitled to reimbursement of his/her expenses necessarily incurred in the discharge of his/her official duties; and

(C) No request for the compensation provided in this rule shall be processed for payment unless sufficient funds are available for that purpose within the appropriations for this board.

*AUTHORITY: sections 334.120.1., RSMo (Supp. 1988) and 334.125, RSMo (1986). * Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Emergency amendment filed Jan. 12, 1982, effective Jan. 22, 1982, expired May 22, 1982. Amended: Filed Feb. 10, 1982, effective June 11, 1982. Amended: Filed July 3, 1989, effective Dec. 1, 1989, Amended: Filed April 2, 1992, effective Dec. 3, 1992. *Original authority 334.120, RSMo (1945), amended 1949, 1959, 1981 and 1988; 334.125, RSMo (1959).*

4 CSR 150-1.011 Public Complaint Handling and Disposition Procedure

PURPOSE: The Missouri State Board of Registration for the Healing Arts receives public complaints concerning alleged violations of Chapter

334, RSMo. The board also receives from the director of the Department of Insurance reports of claims for medical malpractice. Beginning January 1, 1987, the board will receive from the executive officers of hospitals and ambulatory surgical centers reports regarding disciplinary actions and voluntary resignations relative to licensed health care professionals. This rule establishes a procedure for the handling of public complaints, reports of claims for medical malpractice and reports for disciplinary actions and voluntary resignations.

(1) Consumer complaints concerning alleged violations of Chapter 334, RSMo shall be handled as follows:

(A) Any member of the public or the profession, or any federal, state or local official, may make and file a complaint with the board based upon personal knowledge or upon information received from other sources. The complaint may be against any licensee, permit holder, registrant of the board or unlicensed individual or entity and may allege acts or practices which may constitute a violation of any provision of Chapter 334, RSMo. No member or the board shall file a complaint with this board while holding that office unless that member is excused from further board deliberations or activity concerning the matters alleged within that complaint. The executive secretary or any administrative staff member of the board may file a complaint in the same matter as any member of the public;

(B) Each complaint must be typed or hand written and signed by the complainant. Oral, telephone or written, but unsigned, communications will not be considered or processed as complaints. Complaints shall fully identify the nature of the complaint; show the name, address and telephone number of the complainant; and be mailed or delivered to the following address: Missouri State Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102;

(C) Each signed, written complaint received under this section shall be logged in and maintained by the board. Complaints shall be logged in consecutive order as received. The log shall contain, if known by the board, a record of each complainant's name and address; the name and address of the subject of the complaint; the date each complaint is received by the board; a brief statement of the acts complained of, including the name of any person injured, aggrieved or victimized by the alleged acts or practices; a notation indicating whether the complaint resulted in its dismissal by the board, or whether formal charges have been or will be filed with the Administrative Hearing Commission, or what the ultimate disposition of the complaint was; and further information as the board may direct;

(D) Each complaint made in accordance with this rule shall be acknowledged in writing and may be investigated by the board. If a complaint is investigated, the complainant shall be informed in writing after the investigation is completed as to whether the complaint resulted in its dismissal by the board, or whether formal charges have been or will be filed with the Administrative Hearing Commission, or what the ultimate disposition of the complaint was. The provisions of this subsection shall not apply to complaints filed by staff members of the board

based on information and belief, acting in reliance on third-party information received by the board; and

(E) Each complaint investigated shall be reviewed and pursued as provided in section (4) of this rule.

(2) Reports of claims for medical malpractice received from the director of the Department of Insurance shall be handled as follows:

(A) The date received shall be placed on each medical malpractice report received from the Department of Insurance;

(B) Each medical malpractice report received from the Department of Insurance shall be interfiled alphabetically (by last name of licensee) in a binder which shall be maintained by calendar year. Those reports shall be maintained as permanent records;

(C) Each claim for medical malpractice received from the director of the Department of Insurance shall be reviewed by a medical staff officer of the board. The medical staff officer shall review the report and either refer the matter to the investigative coordinator for investigation or make a recommendation to the disciplinary committee;

(D) A chronological record (by date) shall be maintained on the reverse side of each medical malpractice report received as to the progress of the review or the investigatory process, or both, as well as final disposition; and

(E) Supporting files or records, or both, shall be established and maintained as deemed necessary.

(3) Reports of disciplinary actions and voluntary resignations received from executive officers of hospitals and ambulatory surgical centers shall be handled as follows:

(A) The date received shall be placed on each report of disciplinary action or voluntary resignation received from a hospital or ambulatory surgical center;

(B) Each hospital or ambulatory surgical center report received shall be interfiled alphabetically (by last name of licensee) in a binder which shall be maintained by calendar year. The reports shall be maintained as permanent records;

(C) Each report received from a hospital or ambulatory surgical center shall be reviewed by a medical staff officer of the board. The medical staff officer shall review the report and either refer the matter to the investigative coordinator for investigation or make a recommendation to the disciplinary committee;

(D) A chronological record (by date) shall be maintained on the reverse side of each hospital or ambulatory surgical center report as to the progress of the review, the investigatory progress, or both, as well as final disposition; and

(E) Supporting files or records, or both, shall be established and maintained as deemed necessary.

(4) Public complaints, reports of claims for medical malpractice from the director of the Department of Insurance and disciplinary actions or voluntary resignations received from chief executive officers of any hospital or ambulatory surgical center shall be processed and pursued as follows:

(A) After logging in each complaint or report, each complaint or report shall be delivered to a medical staff officer. The medical staff officer shall review the complaint or report and either issue a request to the investigative coordinator for investigation and records or forward the complaint or report to the disciplinary committee along with his/

her recommendations;

(B) If the complaint or report is forwarded to the investigative coordinator, s/he shall establish an investigation file and assign it to an investigator with such direction as s/he deems appropriate. Upon receipt of an investigation assignment, the investigator shall conduct the investigation as s/he deems appropriate and such further investigation as may be required;

(C) Upon completion of the investigation, the investigator shall submit a written report to the investigative coordinator for a report review. The investigative coordinator shall review the report and either direct further investigation or deliver the report to the medical staff officer for review;

(D) Upon receipt of a report from the investigative coordinator, the medical consultant shall review the report and either return the report to the investigative coordinator for further investigation or deliver the report along with his/her recommendation to the disciplinary committee;

(E) Upon receipt of a report from the medical staff officer, the disciplinary committee shall review the report and either return the report to the medical staff officer or investigative coordinator for further review or investigation or forward the report along with its recommendation to the board;

(F) Upon receipt of a report from the disciplinary committee, the board shall review the report and either return the report to the medical staff officer or investigative coordinator for further review or investigation, return the report to the investigative coordinator for closing, forward the report to the board's attorney for legal proceedings, or take or direct such further actions as the board deems appropriate;

(G) The medical staff officer, investigative coordinator, investigator, disciplinary committee or board may contact the board's attorneys for assistance in obtaining records or subpoenas, or for assistance or direction during the course of the review or investigation; and

(H) The executive secretary of the board may alter the procedure set forth in this section for investigating and reviewing any complaint or report as s/he deems appropriate.

(5) The board's investigation and subsequent litigation is not limited to or by the scope of the public complaints, reports of claims for medical malpractice received from the director of the Department of Insurance or reports or disciplinary action and voluntary resignation received from executive officers of hospitals and ambulatory surgical centers.

*AUTHORITY: section 334.125, RSMo (1986). * Original rule filed Oct. 3, 1986, effective Dec. 15, 1986. *Original authority 1959.*

4 CSR 150-1.015 Public Records

PURPOSE: This rule establishes standards for compliance with Chapter 610, RSMo as it relates to public records of the State Board of Registration for the Healing Arts.

(1) All public records of the State Board of Registration for the Healing Arts shall be open for inspection and copying by the general public at the board's office during normal business hours, holidays excepted, except for

those records closed pursuant to section 610.021, RSMo. All public meetings of the State Board of Registration for the Healing Arts, not closed pursuant to the provisions of section 610.021, RSMo will be open to the public.

(2) The State Board of Registration for the Healing Arts establishes the executive director of the board as the custodian of its records as required by section 610.023, RSMo. The executive director is responsible for maintaining the board's records and for responding to requests for access to public records and may appoint deputy custodians as necessary for the efficient operation of the board.

(3) When a party requests copies of the records, the board may collect the appropriate fee for costs for inspecting and copying the records and may require payment of the fee prior to making the records available (see 4 CSR 150-3.080).

(4) When the custodian believes that requested access is not required under Chapter 610, RSMo, the custodian shall inform the requesting party that compliance cannot be made, specifying what sections of Chapter 610, RSMo require that the record remain closed. Correspondence or documentation of the denial shall be copied to the board's general counsel. The custodian also shall inform the requesting party that s/he may appeal directly to the board for access to the records requested. The appeal and all pertinent information shall be placed on the agenda for the board's next regularly scheduled meeting. If the board reverses the decision of the custodian, the board shall direct the custodian to advise the requesting party and supply access to the information during regular business hours at the party's convenience.

*AUTHORITY: Chapter 610 and section 334.125, RSMo (1986). * Original rule filed Dec. 23, 1988, effective May 1, 1989. *Original authority 334.125, RSMo (1959).*

Chapter 2

LICENSING OF PHYSICIANS AND SURGEONS

4 CSR 150-2.001 Definitions

PURPOSE: This rule advises the public of the definitions which the board has adopted for certain terms which are used in Chapter 334, RSMo.

(1) The term "extenuating circumstances," as used in section 334.090, RSMo, shall mean the existence of those circumstances under which an ordinary prudent person would not have timely registered. Notwithstanding the previously mentioned, failure to receive a renewal notice is not an extenuating circumstance.

(2) The term "hospitals approved by the board," as used in section 334.045, RSMo, shall mean all hospitals which are approved and accredited to teach graduate medical education by the accreditation counsel on graduate medical education of the American Medical Association or the education committee of the American Osteopathic Association.

(3) The term "reasonable intervals," as used in section 334.100.2(24)(d), RSMo, shall mean not less than annually.

(4) The term "timely pay," as used in section 334.100.2(4)(n), RSMo, shall mean any license renewal fee received by the board prior to the licensure expiration

date. Renewal forms postmarked by the post office February 1 or after will be considered delinquent, however, should January 31 fall on a Saturday, Sunday or legal holiday, renewal forms postmarked by the post office on the next business day will not be considered delinquent.

(5) The term "American Specialty Board," as used in Chapter 334, RSMo, and its accompanying rules and regulations shall mean any specialty board formally recognized by the American Board of Medical Specialties, the American Medical Association or the American Osteopathic Association.

AUTHORITY: sections 334.045, 334.046, 334.090, 334.100 and 334.125, RSMo Supp. 1999 and 334.090, RSMo 1994. Original rule filed Jan. 19, 1988, effective April 15, 1988. Amended: Filed April 15, 1996, effective Nov. 30, 1996. Amended: Filed July 25, 2000, effective Dec. 30, 2000. *Original authority: 334.045, RSMo 1963, amended 1981, 1987, 1989, 1993, 1995; 334.046, RSMo 1986, amended 1989, 1996, 1997; 334.090, RSMo 1945, amended 1951, 1959, 1963, 1981, 1987; 334.100, RSMo 1939, amended 1945, 1959, 1963, 1974, 1976, 1979, 1981, 1983, 1984, 1986, 1987, 1989, 1990, 1993, 1997; and 334.125, RSMo 1959, amended 1993, 1995.*

4 CSR 150-2.004 Postgraduate Training Requirements for Permanent Licensure

PURPOSE: Section 334.035, RSMo requires every applicant for a permanent license as a physician and surgeon to provide the Missouri State Board of Registration for the Healing Arts with satisfactory evidence of having successfully completed postgraduate training in hospitals, or medical or osteopathic colleges as the board may prescribe by rule. This rule establishes the postgraduate training requirements which each applicant for a permanent license must satisfy. The board recognizes that certain limited situations may occur in which it would be in the best interest of the inhabitants of this state for the board to waive the postgraduate training requirements of this rule. Therefore, this rule also establishes the criteria which an applicant must fulfill before the board may waive the postgraduate training requirements of this rule.

(1) Every applicant for a permanent license as a physician and surgeon who is a graduate of a medical college, approved and accredited by the American Medical Association (AMA) or its Liaison Committee on Medical Education, or an osteopathic college approved and accredited by the American Osteopathic Association (AOA), must present a certificate with his/her application evidencing the satisfactory completion of one (1) year of postgraduate training in a program which is approved and accredited to teach postgraduate medical education by the accreditation counsel on graduate medical education of the AMA or the education committee of the AOA.

(2) Every applicant for a permanent license as a physician and surgeon who is not a graduate of a medical college, approved and accredited by the AMA or its Liaison Committee on Medical Education, or an osteopathic college approved and accredited by the AOA, must present, with his/her application, a certificate evidencing the

satisfactory completion of three (3) years of postgraduate training in one (1) recognized specialty area of medicine in a program which is approved and accredited to teach postgraduate medical education by the accreditation council on graduate medical education of the AMA or the education committee of the AOA.

(3) Notwithstanding the provisions of sections (1) and (2) of this rule, the board may waive any portion of the postgraduate training requirements of this rule if the applicant is American Specialty Board-eligible to take an American Specialty Board-certifying examination and the applicant has achieved a passing score (as defined in this chapter) on a licensing examination administered in a state or territory of the United States or the District of Columbia. The board also may waive any of the postgraduate training requirements of this rule if the applicant is a graduate of a program approved and accredited to teach medical education by the Canadian Royal College of Physicians and Surgeons and has one (1) year of postgraduate training in a program approved and accredited to teach postgraduate medical education by the Canadian Royal College of Physicians and Surgeons. The board may also waive any of the postgraduate training requirements of this rule if the applicant has served for three (3) or more years as a full-time faculty member of a medical college approved and accredited by the AMA or its Liaison Committee on Medical Education, or an osteopathic college approved and accredited by the AOA. Prior to waiving any of the postgraduate training requirements of this rule, the board may require the applicant to achieve a passing score on one (1) of the following: The Appropriate Specialty Board's certifying examination in the physician's field of specialization, Component 2 of the Federation Licensing Examination (FLEX) by December 31, 1993, Step 3 of the United States Medical Licensing Examination (USMLE), or the Federation of State Medical Boards' Special Purpose Examination (SPEX). If the board waives any of the postgraduate training requirements of this rule, then the license issued to the applicant may be limited or restricted to the specialty area for which the applicant is American Specialty Board eligible.

*AUTHORITY: sections 334.035, RSMo (Supp. 1987) and 334.125, RSMo (1986). * Emergency rule filed Nov. 16, 1987, effective Dec. 31, 1987, expired April 29, 1988. Original rule filed Feb. 17, 1988, effective April 28, 1988. Amended: Filed Dec. 23, 1988, effective May 1, 1989. Amended: Filed Jan. 3, 1991, effective June 10, 1991. Emergency amendment filed July 17, 1992, effective Aug. 1, 1992, expired Nov. 28, 1992. Emergency amendment filed Nov. 16, 1992, effective Nov. 29, 1992, expired March 28, 1993. Amended: Filed July 17, 1992, effective April 8, 1993. Amended: Filed Oct. 4, 1993, effective April 9, 1994. *Original authority: 334.035, RSMo (1987) and 334.125, RSMo (1959).*

4 CSR 150-2.005 Examination Requirements for Permanent Licensure

PURPOSE: Chapter 334, RSMo requires each applicant for a permanent license as a physician and surgeon to be examined by the board. This rule specifies which examinations are acceptable to the board, explains the requirements for achieving a passing

score on a licensing examination, limits the number of occasions on which an applicant may attempt to achieve a passing score on a licensing examination, requires additional postgraduate training before certain applicants may be examined by the board, establishes criteria which must exist before the board may waive certain requirements of this rule and authorizes the board to limit or restrict a license issued pursuant to a waiver of the requirements of this rule.

(1) The board shall not issue a permanent license as a physician and surgeon to any applicant who has not met the qualifications set forth under either subsection (1)(A), (B) or (C) of this rule:

(A) Applicant has received a passing score on either any of the following:

1. A licensing examination administered in one (1) or more states or territories of the United States or the District of Columbia;

2. Components 1 and 2 of the Federation Licensing Examination (FLEX) before January 1, 1994; or

3. Each of the three (3) Steps of the United States Medical Licensing Examination (USMLE) within a seven (7)-year period. Applicant shall not be deemed to have received a passing score on any Step of the USMLE unless applicant has received a passing score on that Step within three (3) attempts. Failure to pass any USMLE Step shall be considered a failure to pass that Step for purposes of Missouri licensure, regardless of the jurisdiction in which the Step was administered; or

4. One (1) of the hybrid combinations of FLEX, USMLE, NBME (National Board of Medical Examiners) and NBOE (National Board of Osteopathic Examiners) examinations as set forth here, if completed before January 1, 2000:

NBOE Part I, NBME Part I or USMLE Step 1

plus

NBOE Part II, NBME Part II or USMLE Step 2

plus

NBOE Part III, NBME Part III or USMLE Step 3

or

FLEX Component I

plus

USMLE Step 3

or

NBOE Part I, NBME Part I or USMLE Step 1

plus

NBOE Part II, NBME Part II or USMLE Step 2

plus

FLEX Component 2; or

(B) Applicant has received a certificate of the NBME of the United States, chartered under the laws of the District of Columbia or a certificate of the National Board of Examiners for Osteopathic Physicians and Surgeons, chartered under the laws of Indiana; or

(C) Applicant has received both a passing score on the Licentiate of the Medical Council of Canada (LMCC) and the medalist award in either medicine or surgery from the Royal College of Physicians and Surgeons.

(2) Beginning January 1, 1994, the licensing examination administered by Missouri shall be Part 3 of the USMLE.

(3) To receive a passing score, the applicant

must achieve a weighted average score of not less than seventy-five percent (75%) on the FLEX, a two-digit scaled score of not less than seventy-five (75) on the USMLE, or an average score of not less than seventy-five (75) on any other licensing examination. Applicants who have taken the FLEX examination prior to 1985 may not average scores from a portion of the examination taken at one (1) test administration with scores from any other portion of the examination taken at another test administration to achieve a passing score. Applicants may not average scores from different Steps of the USMLE or from portions of different examinations in order to achieve a passing score.

(4) The board shall not issue a permanent license as a physician and surgeon or allow the Missouri State Board examination to be administered to any applicant who has failed to achieve a passing score cumulatively three (3) times or more on licensing examinations administered in one (1) or more states or territories of the United States, the District of Columbia or Canada.

(5) The board shall not allow any applicant, who has failed to achieve a passing score cumulatively two (2) times or more on licensing examinations administered in one (1) or more states or territories of the United States, the District of Columbia or Canada to take the licensing examination administered by the board until the applicant has successfully completed one (1) additional year of postgraduate training in a program which is approved and accredited to teach postgraduate medical education by the accreditation counsel on graduate medical education of the American Medical Association or the education committee of the American Osteopathic Association following the second unsuccessful attempt to pass a licensing examination.

AUTHORITY: sections 334.031, 334.040 and 334.125, RSMo Supp. 1999 and 334.043, RSMo 1994. Original rule filed Feb. 17, 1988, effective May 12, 1988. Amended: Filed Sept. 5, 1990, effective Feb. 14, 1991. Emergency amendment filed July 17, 1992, effective Aug. 1, 1992, expired Nov. 28, 1992. Emergency amendment filed Nov. 16, 1992, effective Nov. 29, 1992, expired March 28, 1993. Amended: Filed July 17, 1992, effective April 8, 1993. Amended: Filed Oct. 4, 1993, effective April 9, 1994. Amended: Filed July 25, 2000, effective Dec. 30, 2000. *Original authority: 334.031, RSMo 1959, amended 1981, 1997; 334.040, RSMo 1939, amended 1941, 1945, 1951, 1959, 1981, 1993, 1997; and 334.125, RSMo 1959, amended 1993, 1995.*

4 CSR 150-2.010 Applicants for Licensing by Examination

PURPOSE: This rule provides requirements to applicants desiring to take the examination in Missouri for permanent licensure to practice as a physician and a surgeon.

(1) The applicant shall furnish satisfactory evidence as to his/her innocence of unprofessional or dishonorable conduct and good moral character, including postgraduate reference letters from the applicant's training programs.

(2) The applicant shall furnish a certificate of graduation from an accredited high school, satisfactory

evidence of completion of pre-professional education consisting of a minimum sixty (60) semester hours of college credit in acceptable subjects from a reputable college or university approved by the board.

(3) The applicant shall furnish satisfactory evidence of having attended throughout at least four (4) terms of thirty-two (32) weeks of actual instructions in each term and of having received a diploma from some reputable medical or osteopathic college that enforces requirements of four (4) terms of thirty-two (32) weeks for actual instruction in each term, including, in addition to class work, experience in operative and hospital work during the last two (2) years of instruction as is required by the American Medical Association (AMA) and the American Osteopathic Association (AOA) before the college is approved and accredited as reputable.

(4) All applicants shall have on file, in the office of the executive director, a photocopy of their professional degrees before licenses can be issued to them.

(5) For applicants desiring to take the board's examination after January 1, 1994, the applicant shall furnish satisfactory evidence of having passed--

(A) Component 1 of the Federation Licensing Examination (FLEX); or

(B) Both--

1. Part I of the NBME (National Board of Medical Examiners) examination, Part I of the NBOE (National Board of Osteopathic Examiners) examination or Step 1 of the USMLE (United States Medical Licensing Examination); and

2. Part II of the NBME examination or Part II of the NBOE examination or Step 2 of the USMLE.

(6) For applicants desiring to take the examination after January 1, 1994, the applicant shall provide evidence that the applicant will have met the board's postgraduate training requirements as stated in 4 CSR 150-2.004, within sixty (60) days of the examination.

(7) Upon proper showing, the State Board of Registration for the Healing Arts may accept the certificate of the National Board of Medical Examiners of the United States, chartered under the laws of the District of Columbia, of the National Board of Examiners for Osteopathic Physicians and Surgeons, chartered under the laws of Indiana, in lieu of and as equivalent to its own professional examination, upon proper application and an appropriate fee to be established by the board.

(8) The board does not necessarily accept the operative and hospital work of any medical or osteopathic school outside the United States and Canada; therefore an applicant from an international school may be required to have at least three (3) years of AMA/AOA approved training in a hospital in the United States approved for resident training by the board before making application for examination.

(A) This applicant must furnish to the board a copy of his/her credentials in the original form with translated copy of each attached and shall be verified to the board by the school of graduation direct or documents bearing the evidence shall be visaed by the United States consul in the country the school of graduation is or was located.

(B) This applicant is required to get a certificate from the Educational Commission for Foreign Medical Graduates or show evidence to the board that s/he has passed the equivalent examination in another state or

national board.

(9) Medical or osteopathic colleges in Canada, at the discretion of the board, may not be considered international schools by the State Board of Registration for the Healing Arts.

*AUTHORITY: section 334.125, RSMo (Supp. 1995).**
Original rule filed Dec. 19, 1975, effective Dec. 29, 1975.
Amended: Filed July 3, 1989, effective Dec. 1, 1989.
Amended: Filed Oct. 4, 1993, effective April 9, 1994.
Amended: Filed April 15, 1996, effective Nov. 30, 1996.
**Original authority 1959, amended 1993, 1995.*

4 CSR 150-2.015 Determination of Competency

PURPOSE: This rule complies with the provisions of section 334.100.2(24), RSMo and specifies the procedures to be followed under this statute in determining competency.

(1) Whenever the board has reason to believe that a physician or surgeon is unable to practice with reasonable skill and safety to patients by reasons of incompetency, illness, drunkenness, excessive use of drugs, narcotics, chemicals or as a result of any mental or physical condition, the board may hold a hearing to determine whether probable cause exists to reexamine to establish competency in a specialty, examine a pattern and practice of professional conduct or to examine to determine mental or physical competency, or both.

(2) Notice of the probable cause hearing shall be served on the licensee within a reasonable amount of time before the hearing, but in no event later than ten (10) days before the hearing.

(3) Following the probable cause hearing and upon a finding by the board that probable cause exists to determine a physician's or surgeon's competency, the board shall issue an order setting forth the allegations leading to a finding of probable cause, the method of further determination of competency, the instructions to the competency panel, the time frame for determination and the final order to be issued by the board in the event the physician fails to designate an examining physician to the board or fails to submit to an examination when directed. The board may include the reasonable intervals at which the physician may be given an opportunity to demonstrate competency.

(4) Members of the competency panel shall be licensed to practice the healing arts in Missouri. Panels which review physicians who graduated from a medical school accredited by the American Medical Association (AMA) shall be composed of graduates from an AMA-accredited medical school. Panels which review physicians who graduated from a medical school accredited by the American Osteopathic Association (AOA) shall be composed of graduates from an AOA-accredited medical school. The panel shall be reimbursed by the board for reasonable and necessary expenses, and at a per-diem rate identical to that provided for Board of Healing Arts members in section 334.120, RSMo. Neither the physician nor the board shall pay or make any other compensation of any kind to the panel for its review.

(5) Following a determination by the panel, the panel shall make one (1) majority written report to the board either that the physician examined is able to prac-

tice with reasonable skill and safety to patients or that the physician examined is unable to practice with reasonable skill and safety to patients and specify the reasons or grounds for the opinion.

(6) Upon receipt of the written report from the panel, the board shall serve the physician with a copy of the report and notify the physician of the time, date and place of the meeting at which the board will formally accept and review the findings of the panel and determine a final order of discipline based on the evidence presented by the written report of the panel and any other evidence that pertains to the issue of the final order of discipline to be imposed.

*AUTHORITY: section 334.100, RSMo (Cum. Supp. 1990).** *Original rule filed Oct. 14, 1976, effective Jan. 13, 1977. Rescinded and readopted: Filed Dec. 13, 1989, effective April 1, 1990.* **Original authority 1939, amended 1945, 1959, 1963, 1974, 1976, 1979, 1981, 1983, 1984, 1986, 1987, 1989, 1990.*

4 CSR 150-2.020 Examination

PURPOSE: This rule provides specific instructions to applicants regarding examination procedures.

(1) The executive director will notify applicants of the time and place examinations are to be held as soon as possible.

(2) Any applicant detected in seeking or giving help during the hours of the examination will be dismissed and his/her paper cancelled.

*AUTHORITY: sections 334.043, RSMo (1994) and 334.125, RSMo (Supp. 1995).** *This version of rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed Jan. 12, 1982, effective April 11, 1982. Amended: Filed June 5, 1986, effective Sept. 26, 1986. Amended: Filed July 3, 1989, effective Dec. 1, 1989. Amended: Filed April 15, 1996, effective Nov. 30, 1996.* **Original authority: 334.043, RSMo (1959), amended 1981, 1983, 1993 and 334.125, RSMo (1959), amended 1993, 1995.*

4 CSR 150-2.030 Licensing by Reciprocity

PURPOSE: This rule provides information to those applicants desiring licensure by reciprocity.

(1) The applicant shall furnish a postgraduate reference letter from each institution where s/he is a house officer, meaning either intern or resident.

(2) The applicant shall furnish a certificate of graduation from an accredited high school. Satisfactory evidence of completion of pre-professional education consisting of a minimum of sixty (60) semester hours of college credit in acceptable subjects from a reputable college or university approved by the board.

(3) The applicant shall furnish satisfactory evidence of having attended throughout at least four (4) terms of thirty-two (32) weeks of actual instructions in each term of a professional college recognized as reputable by the board and of having received a diploma from a professional college recognized as reputable by the board.

(4) Applicants for licensing by reciprocity who have been examined successfully by any professional board considered competent by the Missouri State Board of Registration for the Healing Arts, and having received grades not less than those required by the board, and holding certificates as physicians and surgeons in any state or territory of the United States or the District of Columbia and, in addition, presenting to the board satisfactory certificates that they in every way fulfilled all the scholastic and other requirements of the Missouri State Board of Registration for the Healing Arts, at the discretion of the board, and upon showing to the State Board of Registration for the Healing Arts may receive from the board a license to practice as a physician and surgeon in Missouri without further examination. Applicants may be required to appear before the board in person.

(5) The applicant is required to make application (see 4 CSR 150-2.040) upon a form prepared by the board.

(6) No application will be considered unless fully and completely made out on the specified form properly attested.

(7) An applicant for reciprocity shall present, attached to the application, a recent photograph, not larger than three and one-half inches by five inches (3½" x 5").

(8) Applications shall be sent to the executive director of the State Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102.

(9) The fee for reciprocity shall be an appropriate fee to be established by the board. The fee shall be sent in the form of a bank draft or post office money order or express money order. Personal checks will not be accepted.

(10) The applicant shall furnish, on a form prescribed by the board, verification of licensure from every state, territory or international country in which the applicant has ever been licensed to practice the healing arts.

(11) The professional diploma and verification of licensure shall be sent to the executive director of the State Board of Registration for the Healing Arts for verification. Photocopies of the documents may be accepted at the discretion of the board.

(12) When an applicant has filed his/her application and an appropriate fee, to be established by the board, for licensure by reciprocity and the application is denied by the board or subsequently withdrawn by the applicant, an appropriate fee established by the board will be retained by the State Board of Registration for the Healing Arts as a service charge.

(13) An applicant who cumulatively three (3) times or more has failed a licensing examination administered in one (1) or more states or territories of the United States or the District of Columbia will not be licensed by reciprocity in this state by the board.

*AUTHORITY: section 334.125, RSMo (Supp. 1995). *This version of rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed Jan. 13, 1982, effective April 11, 1982. Amended: Filed Dec. 23, 1988, effective May 1, 1989. Amended: April 15, 1996, effective Nov. 30, 1996. *Original authority 1959, amended 1993, 1995.*

4 CSR 150-2.040 Application Forms

PURPOSE: This rule provides instructions for filing applications in the office of the State Board of Registration for the Healing Arts requesting permanent licensure in Missouri.

(1) The applicant is required to make application upon the form prepared by the board.

(2) No application will be considered unless fully and completely made out on the specified form and properly attested.

(3) Applications shall be sent to the executive director of the State Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102.

(4) The board shall charge an appropriate fee established by the board to each person applying to and appearing before it for examination for certificate of licensure to practice as a physician and surgeon. The fee shall be sent in the form of a bank draft, post office money order or express money order. Personal checks will not be accepted.

(5) A copy of the professional degree shall be sent to the executive director of the State Board of Registration for the Healing Arts for verification.

(6) When an applicant has one (1) or more years in a preprofessional or professional institution other than the one from which s/he is a graduate, s/he must file with the application a statement under seal from those institutions showing time spent and credit received.

(7) An applicant may withdraw his/her application for licensure anytime prior to the board's vote on his/her candidacy for licensure. In the event that an applicant withdraws his/her application, the appropriate fee established by the board will be retained by the State Board of Registration for the Healing Arts as a service charge.

*AUTHORITY: section 334.125, RSMo (Supp. 1995). *Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed July 3, 1989, effective Dec. 1, 1989. Amended: Filed Jan. 3, 1991, effective June 10, 1991. Amendment: Filed April 15, 1996, effective Nov. 30, 1996. *Original authority 1959, amended 1993, 1995.*

4 CSR 150-2.050 Biennial Registration Penalty

PURPOSE: This rule provides information to physicians and surgeons permanently licensed in Missouri regarding penalty of not registering biennially.

(1) Whenever a licensed practitioner fails to renew his/her registration for any period in excess of six (6) months after the expiration of his/her last registration, his/her application for renewal of registration shall be denied unless it is accompanied by all fees required by statute, 4 CSR 150-2.125 and this rule, together with a completed renewal application. The application shall be made under oath on a form furnished by the board. The application shall include, but not be limited to, disclosure of the following: the applicant's full name and the office and residence addresses and the issuance date and number of the license; all final disciplinary actions taken against the applicant by any professional medical or osteopathic association or society, licensed hospital or medical staff of

the hospital, state, territory, federal agency or country; and information concerning the applicant's current physical and mental fitness to practice as a physician and surgeon.

AUTHORITY: sections 334.075, 334.080 and 334.125 RSMo 2000. Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed July 3, 1989, effective Dec. 1, 1989. Amended: Filed April 13, 2001, effective Oct. 30, 2001. *Original authority: 334.075, RSMo 1987; 334.080, RSMo 1945, amended 1947, 1959, 1981, 1987, 1997; and 334.125, RSMo 1959, amended 1993, 1995.*

4 CSR 150-2.060 Temporary Licenses

PURPOSE: This rule provides information to applicant and American Medical Association/American Osteopathic Association-approved hospitals of the requirements for temporary licenses.

(1) The applicant is required to make application upon a form prepared by the board.

(2) No application will be considered unless fully and completely made out on the specified form and properly attested.

(3) An applicant shall present properly attached to the application blank with the application one (1) photograph not larger than three and one-half inches by five inches (3½" x 5").

(4) Applicants applying for licensure who have graduated from schools outside the United States or Canada must have and show proof of a permanent Educational Commission for Foreign Medical Graduates (ECFMG) certificate or show evidence to the board that applicant has passed the equivalent licensing board examination in another state.

(5) Completed applications shall be sent by the superintendent of the hospital where the applicant is to be in an approved training program to the executive director of the State Board of Registration for the Healing Arts, P. O. Box 4, Jefferson City, MO 65102. This requirement does not relieve the applicant of the responsibility for the filing of the application and no applicant shall begin practicing until the temporary license has been issued.

(6) The board shall charge each person applying to it for certificate of temporary licensure to practice as a physician and surgeon in Missouri an appropriate fee to be established by the board. An appropriate fee shall be charged annually in the event the temporary license is renewed. The fee shall be sent in the form of a bank draft or post office money order or express money order. Personal checks will not be accepted.

(7) The applicant shall secure a recommendation of his/her moral, ethical and professional conduct from the superintendent, chief of staff, or both, in the hospital in which s/he desires to work.

(A) Applicants shall notify the board when they leave the hospital where they are employed or where they are engaged in a training program. The applicant's temporary license shall expire immediately on the applicant's leaving the training program.

(B) The superintendent or director of the hospital shall notify the executive director when a temporary licensee ceases his/her employment or training at the hospital.

(C) An applicant or a temporary licensee will be

required to appear before the board whenever directed by the board.

(8) The executive director will sign the temporary license.

(9) A letter shall be sent to the chief executive officer and the director of the training program to inform them of the board's decision to approve or deny issuance of the temporary license to the applicant.

(10) The board may terminate a temporary license at its own discretion.

(11) The superintendent or other officials of hospitals approved by the board for temporary licensure are to furnish the executive director a list of personnel employed in the hospitals as of January 15 and July 15 of each year. Failure of the superintendent or other responsible official to furnish the executive director this list, at the discretion of the board, may result in the withdrawal of approval of the hospital.

(12) The applicant must file photostatic copies and official translations of his/her medical credentials with the applications.

(13) Applicants who are graduates of approved schools in the United States and are serving as interns, residents or fellows in hospitals approved by the board for temporary licensure in Missouri, must furnish satisfactory evidence of having attended an approved school and receiving their degrees by filing a photostatic copy of the professional diploma with the application.

(14) A temporary license may be issued to a physician hired by a state-maintained hospital until s/he can take the next examination offered by the board for permanent licensure, provided that the physician has one (1) year of approved training in the United States.

(15) A temporary licensee holding the position of a staff physician in a state-maintained hospital who fails the examination for permanent licensure may not continue in the status of a staff physician but may enter an American Medical Association/American Osteopathic Association (AMA/AOA)-approved training program. A temporary licensee who is in an AMA/AOA-approved training program and fails the examination for permanent licensure may continue in the training program until the next regular examination.

(16) A temporary license may be issued to physicians who are otherwise qualified by reason of their employment in state-maintained hospitals or enrollment in an approved training program for sabbatical service in Missouri, but this license may not be renewed.

(17) A temporary license must be renewed annually. The initial temporary license shall expire on the first day of January or the first day of July following initial issuance whichever date is closer to the date of initial issuance and shall be renewed on or before the first anniversary of its expiration. Any renewal request not received within fifteen (15) days of the expiration date must be accompanied by a statement in writing from the applicant's training program explaining to the satisfaction of the board the delay in requesting renewal and a statement explaining what the applicant has been doing during the period of lapse. No temporary licensee shall continue to practice beyond the expiration date of the initial license or any renewal unless his/her license has been properly renewed.

(18) After January 1, 1978, no temporary license will be renewed unless the applicant or licensee provides the board with satisfactory evidence of having obtained

one (1) year of training in an AMA/AOA-approved training program in the United States.

(19) The holder of a temporary license issued by the State Board of Registration for the Healing Arts may be authorized to prescribe legend drugs, including controlled substances for those patients cared for within the framework of the AMA/AOA-approved training program in which s/he is enrolled. The institution's Drug Enforcement Administration number, with a distinguishing suffix approved by the Bureau of Narcotics and Dangerous Drugs of Missouri, shall be used by the temporary licensee to demonstrate this authority.

*AUTHORITY: section 334.125, RSMo (Supp. 1995).**
Original rule filed Dec. 19, 1975, effective Dec. 29, 1975.
Amended: Filed July 14, 1976, effective Nov. 11, 1976.
Amended: Filed July 3, 1989, effective Dec. 1, 1989.
Amended: Filed Sept. 3, 1990, effective Feb. 14, 1991.
Amended: Filed Oct. 4, 1993, effective April 9, 1994.
Amended: Filed Aug. 15, 1994, effective Feb. 26, 1995.
Amended: Filed April 15, 1996, effective Nov. 30, 1996.
**Original authority 1959, amended 1993, 1995.*

4 CSR 150-2.063 Provisional Temporary Licensure

PURPOSE: Section 334.046, RSMo authorizes the Missouri State Board of Registration for the Healing Arts to establish guidelines for the licensure of physicians who are participating in a program of graduate medical or osteopathic education, in an accredited program in a contiguous state, to act as an intern or resident in this state; provided, that this activity is a recognized part of the educational experience offered by that program.

(1) Any graduate of a reputable medical or osteopathic college who is properly enrolled and duly licensed to participate in a program of graduate medical or osteopathic education in an accredited program in a contiguous state who also acts as a resident in Missouri as part of the educational experience offered by that program shall apply for a provisional temporary license before the board will consider authorizing him/her to practice as a physician and surgeon in this state.

(2) An applicant is required to make application upon a form (see 4 CSR 150-2.060) prepared by the board.

(3) No application will be considered unless fully and completely made out on the specified form and properly attested.

(4) An applicant shall present, properly attached to the application blank, with the application one (1) photograph not larger than three and one-half inches by five inches (3½" x 5").

(5) An applicant shall present evidence to the board that s/he holds a current license to practice as a physician and surgeon in another state.

(6) The board shall charge each person applying for a provisional temporary license to practice as a physician and surgeon in Missouri an appropriate fee established by the board. The fee shall be sent in the form of a bank draft, post office money order or express money order. Personal checks will not be accepted.

(7) The board may terminate a provisional tem-

porary license at its own discretion.

(8) An applicant must file photostatic copies and official translations of his/her medical credentials with the application.

(9) The application shall be submitted by the director of the applicant's residency program. The application shall be submitted to the executive director of the State Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102. This requirement does not relieve the applicant from the responsibility for the filing of the application and no applicant shall begin practicing until the provisional temporary license is issued.

(10) The director of the applicant's residency program shall identify the name of the institution or organization where the applicant will be practicing, the name of the Missouri licensed physician who will supervise the applicant, the date that the applicant's practice in Missouri will begin and end, and what portion of the applicant's residency program is covered in his/her Missouri-based training.

(11) The provisional temporary license automatically expires at the end of the applicant's Missouri-based training program identified in the application. No provisional temporary licensee shall continue to practice beyond the expiration date of the license unless the license has been properly renewed.

*AUTHORITY: sections 334.046, RSMo (Cum. Supp. 1989) and 334.125, RSMo (1986).** *Original rule filed April 1, 1991, effective Aug. 30, 1991.* **Original authority: 334.046, RSMo (1986), amended 1989 and 334.125, RSMo (1959).*

4 CSR 150-2.065 Temporary Licenses to Teach or Lecture in Certain Programs

PURPOSE: Section 334.046, RSMo authorizes the Missouri State Board of Registration for the Healing Arts to grant temporary licenses to certain physicians to teach or lecture in certain programs. This rule contains the requirements for temporary licenses, defines certain terms used in those requirements, establishes a procedure for applying for temporary licenses and provides for the automatic expiration of temporary licenses.

(1) This rule shall be known as The Visiting Professor Rule.

(2) As used in this rule, unless specifically provided otherwise, the term—

(A) Accredited medical school shall mean any medical college approved and accredited as reputable by the American Medical Association (AMA) or the Liaison Committee on Medical Education and any osteopathic college approved and accredited as reputable by the American Osteopathic Association (AOA);

(B) Accredited hospital shall mean a hospital located in Missouri and licensed by the Missouri Department of Health—Bureau of Health Facility Regulations;

(C) Otherwise qualified physician shall mean an individual who meets all requirements for permanent licensure as a physician and surgeon in Missouri pursuant to the requirements of Chapter 334, RSMo and corresponding rules of the board; and

(D) Program shall mean a course of classroom instruction in medical or osteopathic education; a post graduate training course, including, but not limited to, an internship, residency or fellowship; a continuing medical education course which involves participatory, hands-on interaction between an instructor or a physician enrolled in the course and a patient; and a continuing medical education course which involves actual live demonstrations of any aspect or technique of the healing arts by an instructor.

(E) Visiting professor license shall mean any temporary license granted pursuant to the requirements of this rule, and shall include fourteen (14)-day visiting professor licenses.

(F) Fourteen (14)-day visiting professor license shall mean a visiting professor license granted pursuant to this rule which—

1. Allows the holder of the license to teach or lecture on no more than fourteen (14) days, cumulatively, in any twelve (12)-month period, regardless of whether the twelve (12)-month period coincides with the twelve (12)-month duration of the license; and

2. Requires the holder of the license to notify the board, at least ten (10) days prior to beginning any period of teaching or lecturing in Missouri, of the duration and the beginning and end dates of the particular period of teaching or lecturing for which the holder is giving notice.

(3) The board may grant a visiting professor license to an otherwise qualified physician to teach or lecture in a program sponsored by an accredited medical school or an accredited teaching hospital.

(4) The board, in its sole discretion, pursuant to this rule may issue a visiting professor license to an applicant who has not met all of the requirements for permanent licensure as a physician and surgeon in Missouri, if the applicant is licensed as a physician and surgeon in another state or international country.

(5) A visiting professor license shall automatically expire twelve (12) months from the date of its issuance. A visiting professor license issued pursuant to this rule may be renewed so long as the applicant has continuously taught or lectured at the same accredited medical school or accredited teaching hospital where the applicant was to teach or lecture when the license was first issued, except that fourteen (14)-day visiting professor licenses issued pursuant to this rule may not be renewed. A visiting professor license issued pursuant to this rule shall not be renewed if it was inactive for any reason during the immediately preceding year.

(6) Applicants seeking a visiting professor license under this rule shall utilize the following procedure:

(A) The applicant is required to make application, under oath, upon either the fourteen (14)-day visiting professor license application form prepared by the board or the regular visiting professor license application form (see 4 CSR 150-2.060) prepared by the board, depending upon the type of license desired by the applicant;

(B) The board will not consider an application until the application is fully completed and accompanied by all documents requested in the application; and

(C) The individual in charge of the program sponsored by the accredited medical school or the accredited teaching hospital where the applicant will teach or lecture shall send the completed application to the executive secretary of the board at the following address: State

Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102.

AUTHORITY: sections 334.046 and 334.125, RSMo Supp. 1999. Original rule filed Jan. 19, 1988, effective April 15, 1988. Amended: Filed Jan. 3, 1991, effective June 10, 1991. Emergency amendment filed July 17, 1992, effective Aug. 1, 1992, expired Nov. 28, 1992. Emergency amendment filed Nov. 16, 1992, effective Nov. 29, 1992, expired March 28, 1993. Amended: Filed July 17, 1992, effective April 8, 1993. Amended: Filed Jan. 5, 1993, effective Aug. 9, 1993. Amended: Filed Oct. 4, 1993, effective April 9, 1994. Amended: Filed July 25, 2000, effective Dec. 30, 2000. *Original authority: 334.046, RSMo 1986, amended 1989, 1996, 1997; and 334.125, RSMo 1959, amended 1993, 1995.*

4 CSR 150-2.070 Endorsement

PURPOSE: This rule provides advice regarding endorsements.

(1) The board will supply endorsements of a licensed practitioner's qualifications on proper application forms upon the payment of a proper fee.

*AUTHORITY: section 334.125, RSMo (1986). * Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. *Original authority 1959.*

4 CSR 150-2.080 Fees

PURPOSE: This rule establishes the various fees which the State Board of Registration for the Healing Arts is authorized to collect in administering Chapter 334, RSMo. Under the provisions of Chapter 334, RSMo, the board is directed to set by rule the amount of the fees which the chapter authorizes not to exceed the cost and expense of administering the chapter.

(1) The following fees are established by the State Board of Registration for the Healing Arts:

(A) Examination Fee	\$300.00
(B) Special Purpose Examination Fee	\$680.00
(C) Temporary License Fee	\$ 30.00
(D) Renewal of Temporary License Fee	\$ 30.00
(E) Conditional Temporary License Fee	\$ 30.00
(F) Regular or Fourteen (14)-Day Visiting Professor License Fee	\$150.00
(G) Regular Visiting Professor Licensure Renewal Fee	\$ 75.00
(H) Contiguous State Licensure Fee	\$ 30.00
(I) Contiguous State Licensure Renewal Fee	\$ 30.00
(J) Renewal of Certificate of Registration Fee	\$200.00
(K) Reciprocity Licensure Fee	\$300.00
(L) Fee for Obtaining a Limited License	\$ 25.00
(M) Fee for Renewing Limited License	\$ 50.00
(N) Fee for Obtaining Endorsement of the Board	\$ 50.00
(O) Fee for receiving the Certificate of the National Board of Medical Examiners of the United States, chartered under the laws of the District of Columbia and of the Na-	

tional Board of Examiners for Osteopathic Physicians and Surgeons chartered under the laws of the state of Indiana

.....	\$300.00
(P) Delinquent Fee	\$ 50.00
(Q) Continuing Medical Education Extension Fee	\$ 50.00
(R) Duplicate License Fee	\$ 30.00
(S) Returned Check Fee	\$ 25.00.

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

AUTHORITY: sections 334.090.2 and 334.125, RSMo 2000.* *Emergency rule filed July 1, 1981, effective July 11, 1981, expired Nov. 8, 1981. Original rule filed July 14, 1981, effective Oct. 11, 1981. Emergency amendment filed June 17, 1986, effective June 27, 1986, expired Oct. 25, 1986. Emergency amendment filed Oct. 24, 1986, effective Nov. 4, 1986, expired March 3, 1987. Amended: Filed Oct. 24, 1986, effective Jan. 30, 1987. Amended: Filed Feb. 5, 1990, effective June 30, 1990. Emergency amendment filed Nov. 2, 1990, effective Nov. 12, 1990, expired Dec. 15, 1990. Amended: Filed June 13, 1990, effective Nov. 30, 1990. Emergency amendment filed Oct. 16, 1991, effective Oct. 26, 1991, expired Feb. 1, 1992. Emergency amendment filed Oct. 16, 1991, effective Oct. 26, 1991, expired Feb. 1, 1992. Amended: Filed Aug. 15, 1991, effective Jan. 13, 1992. Amended: Filed Oct. 9, 1992, effective May 6, 1993. Amended: Filed Oct. 4, 1993, effective April 9, 1994. Amended: Filed May 3, 1994, effective Sept. 30, 1994. Amended: Filed June 27, 1996, effective Jan. 30, 1997. Amended: Filed Dec. 30, 1999, effective June 30, 2000. Amended: Filed July 11, 2000, effective Dec. 30, 2000. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Amended: Filed April 5, 2002, effective Oct. 30, 2002. *Original authority: 334.090.2, RSMo 1945, amended 1951, 1959, 1963, 1981, 1987; 334.125, RSMo 1959, amended 1993, 1995.*

4 CSR 150-2.100 Licensing of International Medical Graduates—Reciprocity

PURPOSE: *This rule sets forth the requirements for licensure in this state for those individuals who graduate from a school of medicine which is located outside the United States.*

(1) Notwithstanding any other provision of law, an individual who has graduated from a school of medicine which is located outside the United States may be eligible for licensure to practice the healing arts in this state by reciprocity if s/he has satisfied the following requirements:

(A) An applicant must have completed all of the prescribed curriculum at his/her school of medicine and the curriculum in this state and the applicant must be a graduate of a medical school whose curriculum has been approved by the proper government agency of the country in which the school is located;

(B) An applicant must meet the academic and postgraduate training requirements for licensure to practice medicine in the country in which the applicant's school of graduation is located;

(C) An applicant must be certified by the Educational Commission for Foreign Medical Graduates (ECFMG) and be either American Specialty Board-eligible or have completed three (3) years of American Medical Association (AMA)-approved postgraduate training in one (1) recognized specialty area of medicine.

1. ECFMG certification may be waived for a foreign graduate who is currently American Specialty Board-certified.

2. ECFMG certification may be waived for a foreign medical graduate who holds a current state/provincial medical license based on a required examination, if that license was issued prior to January 1, 1959.

(D) An applicant must have been successfully examined (by passing the Federation Licensing Examination (FLEX) within three (3) attempts or by passing the United States Medical Licensing Examination (USMLE) within seven (7) years and without having made more than three (3) attempts at passing any one Step) by any professional board of any state or territory of the United States, recognized by the Missouri State Board of Registration for the Healing Arts and having received grades not less than those required by the Missouri board and possess a valid and current license from that state or territory of the United States.

(2) As used in this rule, the term fifth pathway shall mean a candidate for licensure who has successfully completed four (4) years of medical education in Mexico and then completes a training program in the United States at a medical college approved and accredited by the AMA or its Liaison Committee on Medical Education or an osteopathic college approved and accredited by the American Osteopathic Association (AOA) in lieu of completing a year of internship and social service work in Mexico.

(A) A fifth pathway candidate may be eligible for licensure to practice the healing arts in this state if s/he satisfies the following requirements:

1. An applicant must have completed all of the prescribed curriculum at his/her school of medicine and the curriculum in this state and the applicant must have completed training at a medical school whose curriculum has been approved by the proper Mexican government agency;

2. An applicant must meet the academic requirements for licensure in Mexico; and

3. An applicant must be either American Specialty Board-eligible or have completed three (3) years of postgraduate training in one (1) recognized specialty area of medicine in a program which is approved and accredited to teach postgraduate medical education by the accreditation council on graduate medical education of the AMA or the education committee of the AOA.

AUTHORITY: sections 334.031, 334.040 and 334.125, RSMo Supp 1999 and 334.035, RSMo 1994.* *Original rule filed July 12, 1984, effective Jan. 1, 1987. Amended: Filed Sept. 5, 1990, effective Feb. 14, 1991. Emergency amendment filed July 17, 1992, effective Aug. 1, 1992, expired Nov. 28, 1992. Emergency amendment filed Nov. 16, 1992, effective Nov. 29, 1992, expired March 28,*

1993. Amended: Filed July 17, 1992, effective April 8, 1993. Amended: Filed Oct. 4, 1993, effective April 9, 1994. Amended: Filed July 25, 2000, effective Dec. 30, 2000. *Original authority: 334.031, RSMo 1959, amended 1981, 1997; 334.035, RSMo 1987; 334.040, RSMo 1939, amended 1941, 1945, 1951, 1959, 1981, 1993, 1997; 334.125, RSMo 1959, amended 1993, 1995.

4 CSR 150-2.125 Continuing Medical Education

PURPOSE: This rule details the board's minimum requirements for continuing education.

(1) Effective February 1, 2002, each licensee shall complete and report at least fifty (50) hours of continuing medical education each renewal period. The board shall not issue a renewal of a licensee's certificate of registration unless the licensee demonstrates completion of fifty (50) hours of continuing medical education accredited by the American Osteopathic Association (AOA) as Category 1-A or 2-A, by the American Medical Association (AMA) as Category 1 or Category 2—as further specified in this rule, or American Academy of Family Practice Prescribed Credit, in the immediately preceding reporting period. A maximum of twenty (20) hours of AMA Category 2 education for which documented credit is given may be counted towards the fifty (50)-hour requirement. A licensee is not required to complete any continuing medical education hours in the renewal period in which the licensee is initially licensed to practice the healing arts in Missouri if the licensee has not previously held a permanent license to practice the healing arts in Missouri or any other state in the United States of America. The period for completion of the continuing medical education requirements shall be the twenty-four (24)-month period beginning January 1 of each even-numbered year and ending December 31 of each odd-numbered year. A licensee who has failed to obtain and report, in a timely fashion, fifty (50) hours of continuing medical education shall not engage in the practice of medicine unless an extension is obtained pursuant to section (4) of this rule.

(A) A licensee shall be deemed to have complied with section (1) of this rule if the licensee completes forty (40) hours of continuing medical education and each course, seminar or activity includes a post-test of the material covered in the forty (40) continuing medical education hours. The forty (40) hours must all be accredited by the AOA as Category 1-A or by the AMA as Category 1.

(2) Each licensee shall certify by signature, under penalty of perjury, that s/he has completed the required hours of continuing medical education listed by him/her on the renewal form (see 4 CSR 150-2.040).

(3) Each licensee shall retain records documenting his/her attendance at and completion of the required hours of continuing medical education for a minimum of three (3) years after the reporting period in which the continuing medical education was completed. The records shall document the titles of the courses taken, dates, locations, course sponsors, category of hours earned and number of hours earned. The board may conduct an audit of licensees to verify compliance with the continuing medical education requirement. Licensees shall assist the board in its audit by providing timely and complete responses to the board's inquiries.

(4) A licensee who cannot complete the required

hours of continuing medical education because of personal illness, military service or other circumstances beyond the licensee's control which the board deems to be sufficient to impose an insurmountable hardship may apply for an extension of time to complete the continuing medical education requirements. Any extension of time to complete the continuing medical education requirements will be granted solely in the discretion of the board. The licensee must make a written application for extension of time prior to the December 31 deadline for completion of the continuing medical education requirement. The application for extension shall be accompanied by a processing fee of fifty dollars (\$50), together with the application for extension. The licensee shall provide full and complete written documentation of the grounds supporting the reasons for which an extension is sought. A licensee who requests an extension of time to complete the required hours of continuing medical education shall not engage in the active practice of the healing arts until the board grants the licensee's request for extension and the licensee receives express written authorization to do so.

(A) Military service extensions may be granted only to a licensee who was absent from the United States for at least a majority of the reporting period due to his/her military service commitment under combat circumstances or pursuant to a state of national emergency. At a minimum, the licensee must submit written documentation from the appropriate military authorities verifying the licensee's military service commitment and the periods during which the commitment was being fulfilled under a combat or national emergency status, the number of hours earned during the reporting period and a plan for the completion of the balance of the requirement.

(B) Illness extensions may be granted only to a licensee who has suffered a personal illness or personal disability of a nature as to prevent him/her from engaging in the active practice of medicine for at least a majority of the reporting period. At a minimum, the licensee shall provide the board with written documentation from the licensee's treating physician stating the nature of the illness or disability, the period of the illness or disability, any limitations on the licensee's activities which resulted from the illness or disability, the number of hours earned in the reporting year and a plan for completing the balance of the requirement.

(C) The board, solely in its discretion, may grant an extension based on unforeseeable circumstances beyond the licensee's control which impose an insurmountable hardship precluding the licensee from obtaining the required continuing medical education. At a minimum, the licensee must provide written documentation explaining specifically and in detail the nature of the circumstances, why the circumstances were unforeseeable and beyond the licensee's control, the period during which the circumstances were in existence, the number of continuing medical education credits earned in the reporting period and the licensee's plan for completing the balance of the requirements. The board, in its discretion, shall determine if the situation described in the licensee's application constitutes unforeseeable circumstances beyond the licensee's control which impose an insurmountable hardship precluding the licensee from obtaining the required continuing medical education.

(D) A licensee who is granted an extension of time shall complete the balance of his/her continuing

medical education requirements no later than April 30 immediately following the end of the reporting period for which an extension was sought and shall provide the board with written documentation of his/her completion of the continuing medical education requirements no later than May 10 immediately following the end of the reporting period for which an extension was sought. Failure to complete the continuing medical education requirements by April 30 or to file the documentation with the board by May 10 shall constitute a violation of section 334.075, RSMo and this rule.

(E) An extension of time shall not be granted to any licensee who obtained an extension in the immediately preceding reporting period in which the licensee held an active license, except in the case of a licensee who is unable to complete the requirements due to military service commitment pursuant to a combat or national emergency assignment.

(5) A licensee who has obtained American Specialty Board certification or recertification during the reporting period shall be deemed to have obtained the required hours of continuing medical education. The licensee shall provide the board with documentation evidencing the certification or recertification upon request.

(6) A licensee who participated in an AMA- or AOA-approved internship or residency program during the reporting period shall be deemed to have obtained the required hours of continuing medical education if at least sixty (60) days of the reporting period were spent in the internship or residency.

(7) A licensee who participated in a fellowship program in an approved teaching institution shall be deemed to have obtained the required hours of continuing medical education if at least sixty (60) days of the reporting period were spent in the fellowship and the fellowship is determined to be advanced training. Upon request, the licensee shall provide documentation from the fellowship program director verifying the number of days in the program and that the program is advanced training.

(8) A licensee who holds a limited license to practice medicine in the state of Missouri shall obtain and report to the board ten (10) hours of AMA Category 1 or AOA Category 1-A or 2-A continuing medical education each reporting period. The obtaining and reporting of these hours shall be done in accordance with this rule.

(9) For purposes of section 334.075, RSMo concerning waiver of the continuing medical education requirements for retired physicians, a retired physician is one who has neither engaged in the active practice of medicine nor held him/herself out as an active practicing physician and, pursuant to section 334.110, RSMo, has executed and filed with the board a retirement affidavit. A retired physician may keep his/her wall-hanging certificate after execution of a retirement affidavit but shall surrender, upon retirement, all other indicia of licensure.

(10) To reinstate the license of a physician whose license has been in a noncurrent state for any reason, including retirement, for a period of two (2) years or less, that physician shall obtain, in addition to any other requirements of law, twenty-five (25) hours of continuing medical education for each calendar year in which the license was in a noncurrent state. To reinstate the license of any physician whose license has been in a noncurrent state for any reason, including retirement, for more than two (2) years, that physician shall comply with 4 CSR

150-2.150 and any other requirements of law. No license of a physician whose license has been noncurrent shall be reinstated unless and until all required continuing medical education is obtained and reported to the board and all other requirements of law have been satisfied.

(11) Violation of any provision of this rule shall be deemed by the board to constitute misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct in the performance of the functions or duties of a physician depending on the licensee's conduct. In addition, a licensee who has failed to complete and report in a timely fashion the required hours of continuing medical education and engages in the active practice of the healing arts without the express written authority of the board shall be deemed to have engaged in the unauthorized practice of medicine.

AUTHORITY: sections 334.075 and 334.125, RSMo 2000. Original rule filed Oct. 16, 1991, effective March 9, 1992. Emergency amendment filed Sept. 22, 1992, effective Oct. 2, 1992, expired Jan. 29, 1993. Emergency amendment filed Jan. 19, 1993, effective Jan. 29, 1993, expired May 28, 1993. Amended: Filed Oct. 2, 1992, effective May 6, 1993. Amended: Filed May 3, 1994, effective Sept. 30, 1994. Amended: Filed April 16, 1996, effective Nov. 30, 1996. Amended: Filed Dec. 13, 1996, effective July 30, 1997. Amended: Filed April 13, 2001, effective Oct. 30, 2001. *Original authority: 334.075, RSMo 1987 and 334.125, RSMo 1959, amended 1993, 1995.*

4 CSR 150-2.150 Minimum Requirements for Reinstatement of Licensure

PURPOSE: Section 334.100.5, RSMo allows the board, before restoring to good standing a license, certificate or permit issued under Chapter 334, RSMo which has been in a revoked, suspended or inactive state for any cause for more than two years, to require the applicant to attend continuing medical education courses and pass examinations as the board may direct. This rule sets forth the basic minimum requirements which each applicant for reinstatement must satisfy.

(1) The board may require each applicant seeking to restore to good standing a license, certificate or permit issued under Chapter 334, RSMo, which has been revoked, suspended or inactive for any reason for more than two (2) years, to present with his/her application evidence to establish the following:

(A) Satisfactorily completing twenty-five (25) hours of continuing medical education courses, either American Medical Association Category I or American Osteopathic Association Category I or IA, for each year during which the license, certificate or permit was revoked, suspended or inactive; and

(B) Successfully passing, during the revoked, suspended or inactive period, one (1) of the following: the American Specialty Board's certifying examination in the physician's field of specialization, Component 2 of the Federation Licensing Examination (FLEX) before January 1, 1994, Step 3 of the United States Medical Licensing Examination (USMLE) or the Federation of State Medical Board's Special Purpose Examination (SPEX).

*AUTHORITY: sections 334.100.5, RSMo (Cum. Supp. 1990) and 334.125, RSMo (1986). * Original rule filed Jan. 19, 1988, effective April 15, 1988. Amended: Filed Dec. 23, 1988, effective May 1, 1989. Amended: Filed Jan. 3, 1991, effective June 10, 1991. Amended: Filed Oct. 2, 1992, effective May 6, 1993. Amended: Filed Oct. 4, 1993, effective April 9, 1994. *Original authority: 334.100.5, RSMo (1939), amended 1945, 1959, 1963, 1974, 1976, 1979, 1981, 1983, 1984, 1986, 1987, 1989, 1990 and 334.125, RSMo (1959).*

4 CSR 150-2.155 Limited License

PURPOSE: This rule provides information to physicians and surgeons relative to the requirements for a limited license.

(1) The applicant shall make application for a limited license upon a form prepared by the board.

(2) No application will be considered by the board unless fully completed and properly attested by the board.

(3) If the applicant did not previously hold a permanent license to practice in the state of Missouri, then the applicant shall present evidence of meeting the board's requirements for permanent licensure as required by Chapter 334, RSMo and the board's rules.

*AUTHORITY: section 334.112, RSMo (Cum. Supp. 1993). * Original rule filed May 3, 1994, effective Sept. 30, 1994. *Original authority 1993.*

4 CSR 150-2.160 Duplicate Licenses

PURPOSE: This rule provides the requirements licensees must follow to request a duplicate license.

(1) Within the board's discretion a duplicate license may be issued upon receipt of a notarized statement requesting the duplicate license and stating the reason the duplicate license is being requested. The notarized statement shall be accompanied by an appropriate fee to be established by the board. The fee shall be sent in the form of a cashier's check or money order made payable to the Missouri Board of Healing Arts.

(2) Each duplicate license shall have the term "reissued" and the reissued date placed upon it.

*AUTHORITY: section 334.125, RSMo (Supp. 1995). * Original rule filed June 27, 1996, effective Jan. 30, 1997. *Original authority 1959, amended 1993, 1995.*

4 CSR 150-2.165 Chelation of No Medical or Osteopathic Value

PURPOSE: This rule provides clarification of the approved use of ethylenediaminetetracetic acid (EDTA).

(1) Pursuant to authority granted to the board by section 334.100.2(4)(f), RSMo, the board declares the use of ethylenediaminetetracetic acid (EDTA) chelation on a patient is of no medical or osteopathic value except for

those uses approved by the Food and Drug Administration (FDA) by federal regulation.

(2) The board shall not seek disciplinary action against a licensee based solely upon a non-approved use of EDTA chelation if the licensee has the patient sign the Informed Consent for EDTA Chelation Therapy form, included herein, before beginning the non-approved use of EDTA chelation on a patient.

INFORMED CONSENT FOR ETHYLEDIAMINETETRACETIC ACID (EDTA) CHELATION THERAPY

PATIENT'S NAME: _____

ADDRESS: _____

AGE: _____

SEX: Male

☐

Female

☐

NAME AND ADDRESS OF TREATING PHYSICIAN

Malignancy, disease, illness or physical condition diagnosed for medical treatment by EDTA chelation therapy:

My physician has explained to me and I fully understand:

- (a) that the use of ethylenediaminetetracetic acid (EDTA) has been approved by the federal Food and Drug administration (FDA) only for the use of removing heavy metals from the body;
- (b) that the FDA has not approved the drug EDTA for treatment of diseases or conditions other than heavy metals poisoning;
- (c) that it has not been established through controlled trials that EDTA chelation therapy is effective for the treatment of circulatory diseases, specifically including atherosclerosis, hardening of the arteries, vascular insufficiency or diabetes;
- (d) that two controlled trials were completed in 1992 and 1994, respectively, which trials demonstrated that EDTA chelation therapy was not effective in the treatment of vascular diseases;
- (e) that the federal government and most insurance companies do not pay for or reimburse for treatment with EDTA chelation therapy;
- (f) that the Missouri State Board of Registration for the Healing Arts has monitored the development of the scientific literature on EDTA chelation therapy and has concluded that EDTA chelation therapy has been authoritatively demonstrated to be ineffective in the treatment of vascular diseases;
- (g) that the Missouri State Board of Registration for the Healing Arts has determined that the use of EDTA chelation therapy by Missouri citizens may be harmful to their health in that such patients may forego the use of medical treatments and drugs of proven usefulness in the treatment of vascular disease;
- (h) that neither the American Medical Association, the American Osteopathic Association, the American College of Cardiology, the American Heart Association nor any other recognized independent medical association recommends the use of EDTA chelation therapy for the treatment of any human disease, illness, malady or physical condition other than heavy metals poisoning;
- (i) that the Missouri State Board of Registration for the Healing Arts strongly recommends that Missouri citizens not undergo EDTA chelation therapy for the treatment of any human disease, illness, malady or physical condition other than heavy metals poisoning;**
- (j) that therapy with EDTA chelation may not be begun until three working days have expired after the date of my execution of this informed consent form.

Physician

Date

I HAVE READ AND UNDERSTAND THE ABOVE. NOTWITHSTANDING HAVING READ AND UNDERSTOOD THE ABOVE, I HEREBY ELECT TO UNDERGO TREATMENT WITH EDTA CHELATION THERAPY UNDER THE PROTOCOL RECOMMENDED BY THE AMERICAN COLLEGE FOR THE ADVANCEMENT IN MEDICINE (ACAM).

Patient

Date

AUTHORITY: section 334.100.2(4)(f), RSMo 2000. Original rule filed April 13, 2001, effective Oct. 30, 2001. *Original authority: 334.100, RSMo 1939, amended 1945, 1959, 1963, 1974, 1976, 1979, 1981, 1983, 1984, 1986, 1987, 1989, 1990, 1993, 1997.*

4 CSR 150-3.010 Applicants for Licensure as Professional Physical Therapists

PURPOSE: This rule provides requirements to applicants desiring permanent licensure in Missouri to practice as professional physical therapists.

(1) The applicant shall furnish satisfactory evidence as to his/her innocence of unprofessional or dishonorable conduct and good moral character including acceptable evidence that s/he is at least twenty-one (21) years of age.

(2) The applicant must furnish satisfactory evidence of completion of a program of physical therapy education approved as reputable by the board. The applicant must present evidence that his/her physical therapy degree is the equivalent of a bachelor's degree in physical therapy from a United States college or university. An applicant who presents satisfactory evidence of graduation from a physical therapy program approved as reputable by the Commission on Accreditation in Physical Therapy Education, or its successor, shall be deemed to have complied with the education requirements of this section.

(3) All applicants shall have on file in the office of the executive director a photostatic copy of their certificate of graduation from a reputable physical therapy program before a license number can be issued to them.

(4) All applications (see 4 CSR 150-3.020) for examination must be filed in the office of the executive director sixty (60) days prior to the date of the examination; provided, however, the board may waive the time for the filing of applications as particular circumstances justify.

(5) If the applicant is from a country in which the predominate language is not English, the applicant must provide the board with the following:

(A) TOEFL (Test of English as a Foreign Language) Certificate in which the applicant has obtained a minimum score of fifty-five (55) in each section and a total score of five hundred sixty (560); and

(B) TSE (Test of Spoken English) Certificate in which the applicant has obtained a minimum score of fifty (50).

(6) An internationally trained physical therapist applying for licensure shall present proof that s/he is licensed as a physical therapist in the country in which s/he graduated.

AUTHORITY: section 334.125 and 334.550, RSMo Supp. 1999. Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed March 13, 1985, effective May 25, 1985. Amended: Filed July 3, 1989, effective Dec. 1, 1989. Amended: Filed June 4, 1991, effective Oct. 31, 1991. Amended: Filed Aug. 6, 1992, effective April 8, 1993. Emergency amendment filed July 3, 1995, effective July 13, 1995, expired Nov. 9, 1995. Amended: Filed Oct. 2, 1995, effective May 30, 1996. Amended: Filed Aug. 18, 2000, effective Feb. 28, 2001. *Original authority: 334.125, RSMo 1959, amended 1993, 1995; 334.550, RSMo 1969, amended 1981, 1995.*

4 CSR 150-3.020 Application Forms

PURPOSE: This rule provides instructions for filing applications in the office of the State Board of Registration for the Healing Arts requesting permanent licensure as professional physical therapists in Missouri.

(1) The applicant is required to make application upon a form prepared by the board.

(2) No application will be considered unless fully and completely made out on the specified form and properly attested.

(3) An applicant shall present with the application at least one (1) recent unmounted photograph, in a size not larger than three and one-half inches by five inches (3 ½" x 5"), on the back of which there shall be a certificate signed by the dean of the professional school or by a licensed professional physical therapist certifying that the same is a genuine photograph of the applicant.

(4) Applications shall be sent to the executive secretary of the State Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102.

(5) The board shall charge each person applying for licensure to practice as a professional physical therapist, either by examination or reciprocity, an appropriate fee established by the board. The fee shall be sent in the form of a bank draft or postal money order or express money order. (Personal checks will not be accepted.)

(6) In all instances where the board, by rule or in the application form, has provided that it will accept copies in lieu of an original document, the applicant shall provide copies notarized by a notary public to verify that those copies are true and correct copies of the original document. The board will not recognize foreign notaries. The board shall accept the notarization of a United States consul.

AUTHORITY: section 334.125, RSMo (1986). Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed July 3, 1989, effective Dec. 1, 1989. *Original authority 1959.*

4 CSR 150-3.030 Examination

PURPOSE: This rule provides specific instructions to applicants regarding examination procedures.

(1) The executive director, as soon as practicable, will notify applicants of the date, time and place examinations are to be held.

(2) Any applicant detected in seeking or giving help during the hours of the examination will be dismissed and his/her papers cancelled.

(3) The board shall conduct examinations of applicants for a license to practice as professional physical therapist three times each year. The first examination shall be in March on a date the board shall determine. The second examination shall be in July on a date the board shall determine. The third examination shall be in November on a date the board shall determine.

(4) To receive a passing score on the examination, the applicant must achieve the criterion-referenced passing point recommended by the Federation of State

Boards of Physical Therapy. This passing point will be set equal to a scaled score of 600 based on a scale of 200 to 800. Scores from a portion of an examination taken at one (1) test administration may not be averaged with scores from any other portion of the examination taken at another test administration to achieve a passing score.

(5) An applicant may retake the examination for a license to practice as a professional physical therapist within a twelve (12)-month period after the first examination upon payment of an appropriate fee established by the board.

(6) The board shall not issue a permanent license as a physical therapist or allow the Missouri state board examination to be administered to any applicant who has failed to achieve a passing score cumulatively three (3) times or more on licensing examinations administered in one (1) or more states or territories of the United States or the District of Columbia.

*AUTHORITY: section 334.125, RSMo (Cum. Supp. 1993). * Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed March 13, 1985, effective May 25, 1985. Amended: Filed July 3, 1989, effective Dec. 1, 1989. Amended: Filed June 4, 1991, effective Oct. 31, 1991. Amended: Filed May 3, 1994, effective Sept. 30, 1994. *Original authority 1959, amended 1993.*

4 CSR 150-3.040 Licensing by Reciprocity

PURPOSE: This rule provides information to those applicants applying for licensure as professional physical therapists by reciprocity.

(1) Upon proper application, the State Board of Registration for the Healing Arts may recommend for licensure without examination legally qualified persons who hold certificates or licenses in any state or territory of the United States or the District of Columbia authorizing them to practice in the same manner and to the same extent as professional physical therapists are authorized to practice by this act if the applicant has been successfully examined by any professional board considered competent by the Missouri State Board of Registration for the Healing Arts, has received examination scores equivalent to those set forth in 4 CSR 150-3.030 and has fulfilled all the scholastic and other requirements for licensure in Missouri. Applicants for licensure by reciprocity may be required to appear before the board in person.

(2) The applicant shall present a photostatic copy of the actual license issued by the state in which the examination was taken.

(3) In all instances where the board, by rule or in the application form (see 4 CSR 150-3.020), has provided that it will accept copies in lieu of an original document, the applicant shall provide copies notarized by a notary public to verify that those copies are true and correct copies of the original document. The board will not recognize foreign notaries. The board shall accept the notarization of the United States consul.

*AUTHORITY: section 334.125, RSMo (Cum. Supp. 1993). * Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed July 3, 1989, effective Dec. 1, 1989. Amended: Filed June 4, 1991, effective Oct. 31, 1991. *Original authority 1959, amended 1993.*

4 CSR 150-3.050 Temporary Licenses

PURPOSE: This rule provides information to the applicant regarding the requirements for temporary licenses.

(1) A temporary license may be issued to a first-time applicant for licensure by examination who meets the qualifications of section 334.530.1., RSMo, has complied with 4 CSR 150-3.010 and 4 CSR 150-3.020, and submits an agreement to supervise form signed by the applicant's supervising physical therapist. A temporary license will not be issued to an applicant who has failed the Missouri licensure examination or a licensure examination in any state or territory in the United States or the District of Columbia.

(2) If the applicant passes the next scheduled examination, the license shall remain valid until a permanent license is issued or denied.

(3) If the applicant fails the examination or does not sit for the next scheduled examination, the license shall automatically become invalid.

(4) A temporary licensee who fails to sit for the next scheduled examination may have his/her temporary license renewed one (1) time; provided the applicant shows good and exceptional cause as provided in this rule.

(5) For the purpose of this rule, good and exceptional cause must be verified by oath and shall include:

- (A) Death in the immediate family;
- (B) Illness documented by physician's statement;
- (C) Accident;
- (D) Jury duty; and
- (E) Other exceptional causes as determined by the board.

(6) The holder of a temporary license may practice only under the supervision of a licensed physical therapist. Supervision shall include:

- (A) Continual verbal and written contact;
- (B) On-site contact every two (2) weeks; and
- (C) If the supervising physical therapist determines that the temporary licensee needs additional supervision, that additional supervision shall occur on a weekly basis.

(7) Supervision shall be documented on forms provided by the board. The supervising physical therapist is required to report any inappropriate conduct or patient care. The temporary licensee shall submit supervision forms to the commission on the first day of each month.

*AUTHORITY: sections 334.125, RSMo (Cum. Supp. 1993), 334.530 and 334.550, RSMo (1986) and 334.540, RSMo (Cum. Supp. 1988). * Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed July 17, 1992, effective April 8, 1993. Amended: Filed Aug. 15, 1994, effective Feb. 26, 1995. *Original authority: 334.125, RSMo (1959), amended 1993; 334.530, RSMo (1969), amended 1981; 334.540, RSMo (1969), amended 1974, 1981, 1988; and 334.550, RSMo (1969), amended 1981.*

4 CSR 150-3.060 Biennial Registration

PURPOSE: This rule provides information to professional physical therapists permanently

licensed in Missouri regarding biennial registration.

(1) Effective February 1, 2002, the biennial registration fee shall be an appropriate fee established by the board. Each applicant shall register with the board upon a form furnished by the board before January 31 of the year the license is due for renewal.

(2) Renewal forms postmarked by the post office February 1 or after will be considered delinquent, however, should January 31 fall on a Saturday, Sunday or legal holiday, renewal forms postmarked by the post office on the next business day will not be considered delinquent.

AUTHORITY: sections 334.125, 334.570 and 334.675, RSMo Supp. 1999.* Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed March 13, 1985, effective May 25, 1985. Amended: Filed Sept. 10, 1998, effective March 30, 1999. Amended: Filed Sept. 15, 2000, effective March 30, 2001. *Original authority: 334.125, RSMo 1959, amended 1993, 1995; 334.570, RSMo 1969, amended 1981, 1995; and 334.675, RSMo 1996.

4 CSR 150-3.070 Endorsement of Professional Physical Therapists

PURPOSE: This rule provides advice regarding endorsements.

(1) The Missouri license of a professional physical therapist may be endorsed to another state after payment of an appropriate fee established by the board.

AUTHORITY: section 334.125, RSMo (1986). * Original rule filed Dec. 19, 1975, effective Dec. 29 1975. Amended: Filed July 3, 1989, effective Dec. 1, 1989. *Original authority 1959.

4 CSR 150-3.080 Fees

PURPOSE: This rule establishes the various fees which the State Board of Registration for the Healing Arts is authorized to collect in administering Chapter 334, RSMo. Under the provisions of Chapter 334, RSMo, the board is directed to set by rule the amount of fees which Chapter 334, RSMo authorizes not to exceed the cost and expense of administering Chapter 334, RSMo.

(1) The following fees are established by the State Board of Registration for the Healing Arts, and are payable in the form of a cashier's check or money order:

(A) Licensure by Examination Fee	\$ 50.00
(B) Reciprocity License Fee	\$ 50.00
(C) Temporary License Fee	\$ 10.00
(D) Renewal of Certificate of Registration Fee (personal checks acceptable)	\$ 20.00
(E) Delinquency Fee (failure to timely file application for renewal of certificate of registration)	\$ 20.00
(F) Fee for obtaining endorsement of board scores	\$ 25.00

(G) Continuing Education Extension Fee (personal checks acceptable)\$ 50.00.

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

AUTHORITY: sections 334.090.1, 334.090.2 and 334.580, RSMo 1994, 334.125, 334.507, 334.540, 334.550 and 334.560, RSMo Supp. 1999.* Original rule filed Aug. 10, 1983, effective Nov. 11, 1983. Amended: Filed Feb. 26, 1986, effective May 11, 1986. Emergency amendment filed Sept. 28, 1992, effective Oct. 9, 1992, expired Feb. 5, 1993. Emergency amendment filed Jan. 27, 1993, effective Feb. 9, 1993, expired June 8, 1993. Amended: Filed Oct. 2, 1992, effective May 6, 1993. Amended: Filed May 13, 1996, effective Nov. 30, 1996. Amended: Filed May 14, 1999, effective Dec. 30, 1999. Amended: Filed April 14, 2000, effective Oct. 30, 2000. Amended: Filed Sept. 15, 2000, effective March 30, 2001. *Original authority: 334.090.1 and .2, RSMo 1945, amended 1951, 1959, 1963, 1981, 1987; 334.125, RSMo 1959, amended 1993, 1995; 334.507, RSMo 1998; 334.540, RSMo 1969, amended 1974, 1981, 1988, 1995; 334.550, RSMo 1969, amended 1981, 1995; 334.560, RSMo 1969, amended 1981, 1995; and 334.580, RSMo 1969, amended 1981.

4 CSR 150-3.090 Physical Therapist Assistants—Direction, Delegation and Supervision

PURPOSE: The rule provides information regarding supervision of physical therapist assistants by licensed physical therapists.

(1) A licensed physical therapist must direct and supervise a physical therapist assistant at all times. The licensed physical therapist holds responsibility of supervision of the physical therapy treatment program. The following responsibilities are maintained by the licensed physical therapist:

- (A) Interpretation of referrals;
- (B) Initial evaluation and problem identification;
- (C) Development or modification of a plan of care which includes the physical therapy treatment goals;

(D) Determination of which tasks require the expertise and decision making capacity of the physical therapist, and must be personally rendered by the physical therapist and which tasks may be delegated to the physical therapist assistant;

(E) Delegation and instruction of the services to be rendered by the physical therapist assistant, including specific treatment program, precautions, special problems, or contraindicated procedures;

(F) Timely review of treatment documentation, reevaluation of the patient and patient's treatment goals, and revision of the plan of care when indicated; and

(G) Establishment of discharge plans are the responsibility of the physical therapist; documentation of discharge status must be signed or co-signed by the physical therapist.

(2) The number of physical therapist assistants that a licensed physical therapist can supervise shall be predicated on the following factors: the complexity and acuity of the patient's needs, proximity and accessibility to the physical therapist.

(3) When supervising the physical therapist assistant where direct supervision by the physical therapist is available, the following requirements must be maintained:

(A) The initial visit, evaluation, and treatment plan must be made by a licensed physical therapist; and

(B) There must be regularly scheduled reassessments of patients by the physical therapist and conferences with the physical therapist assistant regarding patients, the frequency of which is determined by the complexity and acuity of the patient's needs.

(4) When supervising the physical therapist assistant where direct supervision by the physical therapist is not available, the following requirements must be maintained:

(A) A licensed physical therapist must be accessible by telecommunication to the physical therapist assistant at all times while the physical therapist assistant is treating patients;

(B) The initial visit must be made by a licensed physical therapist for evaluation of the patient and establishment of a plan of care;

(C) There must be regularly scheduled and documented conferences with the physical therapist assistant regarding patients, the frequency of which is determined by the needs of the patient and the needs of the physical therapist assistant;

(D) A supervisory visit by the licensed physical therapist will be made every thirty (30) days or at a higher frequency when in accordance with the needs of the patient, upon the physical therapist assistant's request for reassessment, when a change in treatment plan of care is needed prior to any planned discharge, and in response to any change in the patient's medical status;

(E) A supervisory visit should include: an on-site reassessment of the patient, on-site review of the plan of care with appropriate revision or termination, and assessment for the utilization of outside resources. On-site shall be defined as wherever it is required to have an on-site licensed physical therapist to provide services; and

(F) No physical therapist may establish a treating office in which the physical therapist assistant is the primary care provider.

AUTHORITY: sections 334.500 and 334.650, RSMo Supp. 1997.* Original rule filed Dec. 14, 1994, effective June 30, 1995. Amended: Filed Nov. 16, 1998, effective July 30, 1999. *Original authority: 334.500, RSMo 1969, amended 1993, 1995, 1996 and 334.650, RSMo 1996.

4 CSR 150-3.100 Applications for Licensure as Physical Therapist Assistant

PURPOSE: This rule provides instructions for filing an application for licensure as a physical therapist assistant.

(1) All applicants are required to make application upon a form prepared by the board.

(2) No application will be considered unless fully and completely made out on the specified form and prop-

erly attested.

(3) All applicants must provide, on the application form, a recent unmounted photograph, in size no larger than three and one-half inches by five inches (3 ½" x 5").

(4) Applications shall be sent to the Missouri State Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102.

(5) The board shall charge each person applying for licensure to practice as a physical therapist assistant, either by examination, reciprocity, or without examination prior to the expiration of the grandfather clause, an appropriate fee established by the board. The fee shall be sent in the form of a cashier's check or money order drawn on a United States bank.

(6) No application will be processed prior to the submission of the required application fee in the appropriate form.

(7) An applicant may withdraw his/her application for licensure anytime prior to the board's vote on his/her candidacy for licensure. In the event that an applicant withdraws his/her application, the appropriate fee established by the board will be retained as a service charge.

(8) In all instances where a signature of the applicant is required, this signature must be an original signature.

AUTHORITY: sections 334.125, 334.650, 334.655, 334.660 and 334.670, RSMo (Cum. Supp. 1997). * Original rule filed Sept. 4, 1997, effective March 30, 1998. *Original authority: 334.125, RSMo (1959) amended 1993, 1995; 334.650, RSMo (1996); 334.655, RSMo (1996), amended 1997; 334.660, RSMo (1996); and 334.670, RSMo (1996).

4 CSR 150-3.110 Physical Therapist Assistant Requirements for Licensing by Examination

PURPOSE: This rule provides the instructions for physical therapist assistants applying for licensure by examination.

(1) All applicants must be at least nineteen (19) years of age.

(2) All applicants must submit an examination application form and all required supporting documentation to the board sixty (60) days prior to the examination date.

(3) All applicants shall furnish satisfactory evidence as to their good moral character, educational qualifications and professional history.

(4) All applicants must submit a photostatic copy of their professional diploma as evidence of completion of an associate degree program of physical therapy education accredited by the Commission on Accreditation of Physical Therapy Education.

(5) All applicants shall have official transcripts, with the school seal affixed, submitted from each and every college or university attended, confirming the courses taken, grade received per course, degree(s) awarded and date degree(s) awarded.

(6) All applicants must submit a copy of any and all legal name change documents incurred since birth.

(7) All applicants shall have licensure, registration or certification verification submitted from every state or country in which s/he has ever held privileges to practice as a physical therapist or physical therapist assistant.

This verification must be submitted directly from the licensing agency and include the type of license, registration or certification, the issue and expiration date, and information concerning any disciplinary or investigative actions.

(8) All applicants must submit an activities statement documenting all employment, professional and non-professional activities, from high school graduation to the date of licensure application.

(9) All applicants will be notified of the date, time and place the examination(s) are scheduled to be held at least three (3) weeks prior to the examination.

(10) Any applicant detected in seeking or giving help during the hours of the examination will be dismissed and his/her papers canceled.

(11) The board shall conduct examinations of applicants for a license to practice as a physical therapist assistant at least once per year.

(12) To receive a passing score on the examination, the applicant must achieve the criterion referenced passing point recommended by the Federation of State Boards of Physical Therapy. This passing point will be set equal to a scaled score of 600 based on a scale of 200 to 800. Scores from a portion of an examination taken at one (1) administration may not be averaged with scores from any other portion of the examination taken at another test administration to achieve a passing score.

*AUTHORITY: sections 334.125, 334.650, 334.655 and 334.670, RSMo (Cum. Supp. 1997). *Original rule filed Sept. 4, 1997, effective March 30, 1998. *Original authority: 334.125, RSMo (1959), amended 1993, 1995; 334.650, RSMo (1996); 334.655, RSMo (1996), amended 1997; and 334.670, RSMo (1996).*

4 CSR 150-3.120 Physical Therapist Assistant Reciprocity Applicants

PURPOSE: This rule provides the requirements and instructions for physical therapist assistants applying for licensure by reciprocity.

(1) All applicants must be at least nineteen (19) years of age.

(2) All applicants shall furnish satisfactory evidence as to their good moral character, educational qualifications and professional history.

(3) Applicants licensed, registered or certified to practice in any other state or territory of the United States, the District of Columbia or international country, who have passed a written examination to practice as a physical therapist assistant that was substantially equal to the examination requirements of this state and in all other aspects, including education, may make application for licensure without examination, provided that such requirements for licensure, registration or certification were, at the date of issuance, substantially equal to the requirements for licensure in the state of Missouri; and provided that the applicant's license has had no disciplinary actions imposed against it.

(4) All applicants shall have licensure, registration or certification verification submitted from every state in which s/he has ever held privileges to practice as a physical therapist or physical therapist assistant. This verification must be submitted directly from the licensing

agency and include the type of license, registration or certification, the issue and expiration date, and information concerning any disciplinary or investigative actions.

(5) All applicants must have their examination scores sent directly to the board from the examination service along with their individual test history report.

(6) All applicants must submit an activities statement documenting all employment, professional and non-professional activities, from high school graduation to the date of licensure application.

(7) All applicants shall submit official transcripts, with the school seal affixed, from each and every college or university attended, confirming the courses taken, grade received per course, degree(s) awarded and date degree(s) awarded.

(8) All applicants must submit a photostatic copy of their professional diploma as evidence of completion of an associate degree program of physical therapy education accredited by the Commission on Accreditation of Physical Therapy Education, or its successor.

(9) All applicants must submit a copy of any and all legal name change documents incurred since birth.

*AUTHORITY: sections 334.125, 334.655, 334.660 and 334.670, RSMo (Cum. Supp. 1997). *Original rule filed Sept. 4, 1997, effective March 30, 1998. *Original authority: 334.125, RSMo (1959), amended 1993, 1995; 334.655, RSMo (1996), amended 1997; 334.660, RSMo (1996); and 334.670, RSMo (1996).*

4 CSR 150-3.130 Physical Therapist Assistant Licensure--Grandfather Clause

PURPOSE: This rule provides the instructions for physical therapist assistants applying for licensure via the grandfather clause.

(1) All applicants must be at least nineteen (19) years of age.

(2) All applicants shall furnish satisfactory evidence as to their good moral character, education, qualifications and professional history.

(3) Individuals who may or may not be graduates of an associate degree program of physical therapy education accredited by the Commission on Accreditation of Physical Therapy Education who were actively engaged in practice as a physical therapist assistant on August 28, 1993, may apply for licensure within ninety (90) days after this rule is codified. Documentation of employment shall include, but not be limited to, the following:

(A) Applicants must have employment verification, made under oath, submitted from their employer(s), documenting employment dates, job title, job description, employment status, name(s) of all supervisor(s), dates of supervision, type of supervision, and any other documentation requested by the board to verify employment.

(4) Individuals who are not graduates of an associate degree program of physical therapy education accredited by the Commission on Accreditation of Physical Therapy Education may apply for licensure by examination until ninety (90) days after this rule is codified provided that the applicant can furnish evidence that s/he has been employed in Missouri for at least three (3) of the last five (5) years under the supervision of a Missouri licensed physical therapist.

(A) The applicant must possess the knowledge and training equivalent to that obtained in an accredited school as determined by the board. Applicants shall submit documentation to the board as necessary to assist the board in determining the applicant's knowledge and training as a physical therapist assistant. This documentation shall include, but not be limited to, the following:

1. Applicants must have an Employment Verification Form, made under oath, submitted from their employer(s), documenting employment dates, job title, job description, employment status, name(s) of all supervisor(s), dates of supervision, type of supervision, and any other documentation requested by the board to verify employment; and

2. Applicants must submit a Competency Verification Form, made under oath, documenting any and all formal education, all educational training courses, classes, workshops, in-service trainings and seminars, internship records, employment evaluations, employment statements, student supervision forms, patient record reviews, and any other documentation requested by the board to verify competency.

(5) All applicants must submit a copy of any and all legal name change documents incurred since birth.

(6) All applicants shall have licensure, registration or certification verification submitted from every state or country in which s/he has ever held privileges to practice as a physical therapist or physical therapist assistant. This verification must be submitted directly from the licensing agency and include the type of license, registration or certification, the issue and expiration date, and information concerning any disciplinary or investigative actions.

(7) All applicants must submit an activities statement documenting all employment, professional and non-professional activities, from high school graduation to the date of licensure application.

AUTHORITY: sections 334.125, 334.650 and 334.655, RSMo (Cum. Supp. 1997). * Original rule filed Sept. 4, 1997, effective March 30, 1998. *Original authority: 334.125, RSMo (1959), amended 1993, 1995; 334.650, RSMo (1996); and 334.655, RSMo (1996), amended 1997.

4 CSR 150-3.150 Physical Therapist Assistant Temporary Licensure

PURPOSE: This rule provides the requirements for temporary licensure to practice as a physical therapist assistant.

(1) A temporary license may be issued to a first-time applicant for licensure by examination who meets the qualifications of section 334.655, RSMo, whose application for the examination is complete including fee, and upon submission of notarized documentation identifying a Missouri permanently licensed physical therapist who will supervise their practice once temporary licensure is granted.

(2) A temporary license will not be issued to an applicant who has failed the Missouri licensure examination or a licensure examination in any state or territory of the United States or District of Columbia.

(3) If the temporary licensee passes the next

scheduled examination, the temporary license shall remain valid until a permanent license is issued or denied.

(4) If the temporary licensee fails the examination, the license shall automatically become invalid upon receipt of certified mail acknowledging failure, or within seven (7) days after the results are available.

(5) If the temporary licensee does not sit for the next scheduled examination, the temporary license shall automatically become invalid on the examination date.

(6) A temporary licensee who fails to sit for the next scheduled examination may request temporary license renewal one (1) time; provided the applicant shows good and exceptional cause as provided in this rule. For the purpose of this rule, good and exceptional cause must be verified by oath and shall include:

(A) Death in the immediate family;

(B) Illness documented by physician's statement;

(C) Accident;

(D) Jury duty; and

(E) Other exceptional causes as determined by the board.

(7) A Missouri permanently licensed physical therapist shall direct and supervise the temporarily licensed physical therapist assistant at all times, pursuant to section 334.650, RSMo and 4 CSR 150-3.090.

(8) Supervision shall be documented on forms provided by the board. The supervising physical therapist is required to report any inappropriate conduct or patient care. Supervision forms must be submitted to the board on the first day of each month for the duration of the temporary license.

AUTHORITY: sections 334.125, 334.650, 334.665 and 334.670, RSMo (Cum. Supp. 1997). * Original rule filed Sept. 4, 1997, effective March 30, 1998. *Original authority: 334.125, RSMo (1959), amended 1993, 1995; 334.650, RSMo (1996); 334.665, RSMo (1996), amended 1997; and 334.670, RSMo (1996).

4 CSR 150-3.160 Physical Therapist Assistant Late Registration

PURPOSE: This rule provides the requirements physical therapist assistants must follow to request renewal of a license which has lapsed.

(1) All licensees shall make application for late registration upon a form prepared by the board.

(2) No application will be considered unless fully and completely made out on the specified form and properly attested.

(3) All licensees must provide, on the application form, a recent unmounted photograph, in size no larger than three and one-half inches by five inches (3 1/2" x 5").

(4) All applications shall be sent to the Missouri State Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102.

(5) All applicants for late registration must submit the renewal fee along with the delinquent fee established by the board. This fee shall be submitted in the form of a cashier's check or money order drawn on a United States bank made payable to the Missouri Board of Healing Arts.

(6) No application will be processed prior to the submission of the required fee in the appropriate form.

(7) All applicants must submit an activities statement documenting all employment, professional and non-professional activities, since the date the license lapsed.

(8) All applicants shall have licensure, registration or certification verification submitted from every state and country in which s/he has ever held privileges to practice as a physical therapist or physical therapist assistant. This verification must be submitted directly from the licensing agency and include the type of license, registration or certification, the issue and expiration date, and information concerning any disciplinary or investigative actions.

(9) An applicant for late registration whose license has been inactive for more than two (2) years who was not actively practicing as a physical therapist assistant in another state or country shall submit upon request any other documentation requested by the board necessary to verify that the licensee is competent to practice and is knowledgeable of current physical therapy techniques, procedures and treatments, as evidenced by continuing education hours, reexamination, or other applicable documentation accepted and approved by the board.

*AUTHORITY: sections 334.125, 334.650 and 334.675, RSMo (Cum. Supp. 1997). * Original rule filed Sept. 4, 1997, effective March 30, 1998. *Original authority: 334.125, RSMo (1959), amended 1993, 1995; 334.650, RSMo (1996); and 334.675, RSMo (1996).*

4 CSR 150-3.170 Physical Therapist Assistant Licensure Fees

PURPOSE: This rule establishes the fees the Missouri State Board of Registration for the Healing Arts is authorized to collect in administering Chapter 334, RSMo. Pursuant to Chapter 334, RSMo, the board is directed to set by rule the amount of fees which Chapter 334, RSMo authorizes not to exceed the cost and expense of administering Chapter 334, RSMo.

(1) The following fees are established by the State Board of Registration for the Healing Arts:

(A) Licensure by Examination Fee	\$ 50.00
(B) Reciprocity Fee	\$ 50.00
(C) Temporary License Fee	\$ 10.00
(D) Renewal of Certificate of Registration Fee (personal/corporate checks acceptable)	\$ 20.00
(E) Delinquency Fee (failure to timely file application for renewal of certificate of registration)	\$ 20.00
(F) Continuing Education Extension Fee (personal/corporate checks acceptable)	\$ 50.00.

(2) All fees are nonrefundable. All fees must be submitted in the form of a cashier's check or money order payable on a United States bank made payable to the Missouri Board of Healing Arts.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

AUTHORITY: sections 334.125, 334.655, 334.660 and 334.670, RSMo Supp. 1999. Original rule filed Sept. 4, 1997, effective March 30, 1998. Amended: Filed April 14, 2000, effective Oct. 30, 2000. Amended: Filed Sept. 15, 2000, effective March 30, 2001. *Original authority: 334.125, RSMo 1959, amended 1993, 1995; 334.655, RSMo 1996, amended 1997, 1999; 334.660, RSMo 1996, amended 1999; and 334.670, RSMo 1996.*

4 CSR 150-3.180 Physical Therapist Assistant Registration—Supervision, Name and Address Changes

PURPOSE: This rule provides information regarding the registration requirements for physical therapist assistants.

(1) The registration fee shall be an appropriate fee established by the board. Each applicant shall register with the board upon a form furnished by the board before January 31 of the year the license is due for renewal. Renewal forms postmarked by the post office February 1 or after will be considered delinquent, however, should January 31 fall on a Saturday, Sunday or legal holiday, renewal forms postmarked by the post office on the next business day will not be considered delinquent.

(2) The failure to mail the application for or the failure to receive the renewal application form does not relieve any licensee of the duty to renew the license and pay the renewal fee, nor shall it exempt any licensee from the penalties provided in sections 334.650 to 334.685, RSMo for failure to renew.

(3) Licensees must submit written notification of any address change to the board within fifteen (15) days of such occurrence.

(4) A licensee whose name has changed since licensure was issued must submit a copy of the legal document verifying the name change to the board within fifteen (15) days of such occurrence.

(5) Licensees who retire from practice as physical therapist assistants shall file an affidavit, on a form furnished by the board, stating the date of retirement. Licensees shall submit documentation verifying retirement as requested by the board. Licensees who reengage in practice as physical therapist assistants after submitting an affidavit of retirement shall reapply for licensure as required in sections 334.650 and 334.685, RSMo and pursuant to the provisions of 4 CSR 150-3.160.

AUTHORITY: sections 334.125, 334.655, 334.660, 334.670, and 334.675, RSMo Supp. 1997. Original rule filed Sept. 4, 1997, effective March 30, 1998. Amended: Filed Sept. 10, 1998, effective March 30, 1999. *Original authority: 334.125, RSMo 1959, amended 1993, 1995; 334.655, RSMo 1996, amended 1997; 334.660, RSMo 1996; 334.670, RSMo 1996; and 334.675, RSMo 1996.*

4 CSR 150-3.200 Definitions

PURPOSE: This rule defines the terms used throughout this chapter as related to the statutorily mandated continuing education requirements for physical therapists and physical therapist assistants.

(1) For the purpose of this chapter, the following

definitions shall apply:

(A) Board—means the Missouri State Board of Registration for the Healing Arts;

(B) Commission—means the Advisory Commission for Physical Therapists;

(C) Hour of continuing education—means a minimum of fifty (50) minutes and up to a maximum of sixty (60) minutes spent in actual attendance at and completion of an approved continuing education activity;

(D) Licensee—means any person licensed by the board to practice as a physical therapist and/or physical therapist assistant in the state of Missouri; and

(E) One continuing education unit (CEU)—is equivalent to ten (10) clock hours of approved continuing education (i.e. ten (10) clock hours = 1.0 CEU, one (1) clock hour = 0.1 CEU).

AUTHORITY: sections 334.125 and 334.507, RSMo Supp. 1998. Original rule filed May 14, 1999, effective Dec. 30, 1999. *Original authority: 334.125, RSMo 1959, amended 1993, 1995; and 334.501, RSMo 1998.*

4 CSR 150-3.201 Continuing Education Requirements

PURPOSE: This rule details the minimum continuing education requirements for renewal or reinstatement of a physical therapy and/or physical therapist assistant license, and specifies the period of time in which documentation of continuing education hours must be maintained by the licensee.

(1) All licensed physical therapists and physical therapist assistants shall biennially, on even-numbered years, complete and report at least thirty (30) hours of acceptable continuing education as specified in rule 4 CSR 150-3.203. The renewal of a license which has lapsed shall not be issued unless and until the licensee submits documentation confirming completion of all continuing education hours as would have been necessary and applicable during the period the license was not current. The continuing education hours must qualify as acceptable continuing education activity as specified in rule 4 CSR 150-3.203.

(2) The period for completion of the continuing education requirements shall be the twenty-four (24)-month period beginning January 1 and ending December 31 of each reporting period. Continuing education hours can not be carried over into another or the next reporting period. A licensee who fails to obtain and report, in a timely fashion, the required thirty (30) hours of continuing education shall not engage in practice as a physical therapist and/or physical therapist assistant unless an extension is requested and granted pursuant to 4 CSR 150-3.202.

(3) All licensees shall certify by signature, on the licensure registration renewal form, under oath and penalty of perjury, that the licensee completed the required thirty (30) hours of continuing education, and that the continuing education obtained meets the acceptable continuing education criteria specified in 4 CSR 150-3.203.

(4) All licensed physical therapists and physical therapist assistants shall retain records documenting attendance and completion of the required thirty (30) hours of continuing education for a minimum of four (4) years

after the reporting period in which the continuing education was obtained. The records shall document the titles of the continuing education activity completed including the date, location and course sponsors and number of hours earned. The board may conduct an audit of licenses to verify compliance with the continuing education requirement. Licensees shall assist in this audit by providing timely and complete responses upon board request for such information and documentation.

(5) Violation of any provision of this rule shall constitute misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct in the performance of the functions and duties of a physical therapist and/or physical therapist assistant. In addition, a licensee who fails to complete and report in a timely fashion the required thirty (30) hours of continuing education and engages in active practice as a physical therapist and/or physical therapist assistant without the expressed written authority of the board shall be deemed to have engaged in the unauthorized practice of physical therapy and/or unauthorized practice as a physical therapist assistant consistent with the provisions of sections 334.510, 334.610 and 334.650, RSMo; furthermore such action may be deemed grounds for disciplinary action pursuant to section 334.100, RSMo.

(6) Temporary licensed physical therapists and physical therapist assistants are exempt from obtaining continuing education hours until such time as the temporary licensee successfully passes the licensing examination and is approved and issued licensure pursuant to the provisions of section 334.530, RSMo as applicable to physical therapists; or pursuant to the provisions of section 334.655, RSMo as applicable to physical therapist assistants.

(7) Physical therapists and/or physical therapist assistants are exempt from one-half (1/2) of the total continuing education hours (thirty (30) hours required, one-half is defined as fifteen (15) hours) for the year in which the licensee graduated from a program of physical therapy and/or physical therapist assistant education (respective of type of degree received and type of licensure requested) as accredited by the commission on accreditation of physical therapy education.

AUTHORITY: sections 334.100, 334.125, 334.507, 334.610 and 334.650, RSMo Supp. 1998. Original rule filed May 14, 1999, effective Dec. 30, 1999. *Original authority: 334.100, RSMo 1939, amended 1945, 1959, 1963, 1974, 1976, 1979, 1981, 1983, 1984, 1986, 1987, 1989, 1990, 1993, 1997; 334.125, RSMo 1959, amended 1993, 1995; 334.507, RSMo 1998; 334.610, RSMo 1969, amended 1974, 1981, 1990, 1995; 334.650, RSMo 1996.*

4 CSR 150-3.202 Continuing Education Extensions

PURPOSE: This rule details the requirements for licensed physical therapists and/or licensed physical therapist assistants requesting an extension of time to complete the required thirty hours of continuing education mandated for licensure renewal pursuant to section 334.507, RSMo Supp. 1998 and as specified in rules 4 CSR 150-3.201 and 4 CSR 150-3.203.

(1) A licensee who cannot complete the required thirty (30) hours of continuing education due to personal illness, military service or other circumstances beyond the licensee's control which the board and advisory commission deem sufficient to impose an insurmountable hardship to such an extent as to prevent or preclude the licensee from obtaining continuing education hours, may apply for an extension of time to complete the continuing education requirements specified in section 345.507, RSMo. Requests for an extension of time to complete the continuing education requirements will be granted solely in the discretion of the board with recommendation from the advisory commission for physical therapists. Licensees requesting an extension of time to complete the required continuing education hours shall submit a statement requesting such extension prior to the December 31 deadline for completion. Requests for an extension of time to complete the continuing education requirement shall be accompanied with the processing fee specified in rule 4 CSR 150-3.080. All licensees shall further provide sufficient documentation and justification for such request from the appropriate source(s) supporting the reason(s), which prevented the licensee from completing the required continuing education hours. A licensee who requests an extension of time to complete the required thirty (30) hours of continuing education hours shall not engage in active practice as a physical therapist and/or physical therapist assistant until the licensee receives written authorization from the board approving the extension request and specifically authorizing the licensee to continue practicing in the interim.

(A) Military service extensions may be granted to a licensee who is or was absent from the United States for at least a majority of the reporting period due to the fulfillment of a military service commitment under combat circumstances or pursuant to a state of national emergency. At a minimum, the licensee must have written documentation submitted to the board from the appropriate military authorities verifying the military service commitment, the dates/periods during which the commitment was being fulfilled and specifying if such service was due to combat or national emergency. The licensee shall further submit written correspondence to the board specifying and documenting the number of continuing education hours the licensee earned during the reporting period and the licensee's plan for completing the balance of the required continuing education hours.

(B) Illness extensions may be granted only to a licensee who has or is suffering from a personal illness and/or personal disability of a nature which prevents or prevented the licensee from engaging in active practice as a physical therapist and/or physical therapist assistant for at least a majority of the reporting period. At a minimum, the licensee shall instruct his/her treating physician (s) to provide written documentation to the board specifying the nature of the illness or disability, the duration of the illness and/or disability and any limitations on the licensee's activities which resulted or will result from this illness and/or disability. The licensee shall also submit written documentation and evidence as to the number of continuing education hours earned during the reporting period as well as the licensee's plan for completing the balance of the required continuing education hours.

(C) The board, solely in its discretion, with recommendation from the advisory commission for physical

therapists, may grant a licensee an extension of time to complete the continuing education hours due to unforeseeable circumstances determined to be beyond the licensee's control and justifiable as to have imposed an insurmountable hardship to such a degree as to have precluded the licensee from obtaining the required continuing education hours. At a minimum, the licensee shall submit written documentation explaining specifically and in detail the nature of the circumstance(s), why the circumstance(s) were unforeseeable and beyond the licensee's control, and the period of time in which the circumstance(s) were in existence. This documentation shall include evidence confirming the number of continuing education hours the licensee earned in the reporting period and the licensee's plan for completing the balance of the required continuing education. The board, solely in its discretion, with recommendation from the advisory commission for physical therapists, shall determine if the licensee's situation constitutes unforeseeable circumstances beyond the licensee's control to such a degree as to have imposed an insurmountable hardship preventing and/or precluding the licensee from obtaining the required continuing education hours.

(2) A licensee who is granted an extension of time to complete the required continuing education hours shall complete the balance of the continuing education requirements no later than February 28 immediately following the end of the reporting period for which the extension was sought and approved by the board. The licensee shall submit written documentation evidencing completion of the required continuing education hours no later than March 10 immediately following the end of the reporting period for which the extension was approved by the board. The failure of a licensee to complete the continuing education requirements on or before February 28; or the failure of a licensee to submit documentation evidencing completion of the required continuing education hours to the board on or before March 10 shall constitute a violation of section 334.507, RSMo and this rule; and further such action may be deemed grounds for disciplinary action pursuant to the provisions of section 334.100, RSMo.

(3) Violation of any provision of this rule shall constitute misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct in the performance of the functions or duties of a physical therapist and/or physical therapist assistant.

AUTHORITY: sections 334.100, 334.125 and 334.507, RSMo Supp. 1998. Original rule filed May 14, 1999, effective Dec. 30, 1999. *Original authority: 334.100, RSMo 1939, amended 1945, 1959, 1963, 1974, 1976, 1979, 1981, 1983, 1984, 1986, 1987, 1989, 1990, 1993, 1997; 334.125, RSMo 1959, amended 1993, 1995, 334.507, RSMo 1998.*

4 CSR 150-3.203 Acceptable Continuing Education

PURPOSE: This rule defines acceptable continuing educational courses and activities as required for physical therapists and physical therapist assistants to qualify for licensure renewal; and to specify the documentation necessary as proof of compliance with the continuing education requirement; and the time frame li-

censees must maintain such documentation of compliance.

(1) NOTICE: The Missouri State Board of Registration for the Healing Arts and/or the Missouri Advisory Commission for Physical Therapists will *not* preapprove continuing educational courses and/or activities. The burden is upon the licensee to make certain that any courses or activities completed for the purpose of satisfying the continuing educational requirements specified in this chapter meet the criteria specified in this rule as acceptable continuing education.

(2) All licensed physical therapists and physical therapist assistants shall accumulate thirty (30) hours of continuing education (i.e. three (3) continuing education units) every two (2) years to be eligible for licensure renewal. The licensee shall document adherence to this requirement on even-numbered years.

(3) For the purpose of this rule, acceptable continuing education shall be defined as education obtained for the purpose of maintaining, expanding and/or developing new and/or improved skills and knowledge as directly related to the practice of physical therapy, which contributes to the professional competence of the licensee.

(4) The following criteria are necessary to qualify as acceptable continuing education:

(A) Activity and courses documented to be an organized program of learning, with specified goals and objectives; and

(B) Activity and courses which are conducted by individual(s) who have education, training and/or experience by which said individual(s) is considered qualified and/or an expert on the subject matter being presented; and

1. Licensees may be required to submit the biography of the individual conducting/presenting such course/program to determine if the individual is considered qualified and/or as an expert on the subject being presented;

(C) Activity and courses pertaining to subject matters that integrally relate to the practice of physical therapy as defined in section 334.500(4), RSMo.

(5) Acceptable continuing education is automatically approved if such course or activity is obtained as follows:

(A) Courses and activities sponsored by the American Physical Therapy Association (APTA) or any of its components including state chapters and specialty sections/boards (i.e. the Missouri Physical Therapy Association (MPTA) or any other Professional Physical Therapy State Association); the American Medical Association (AMA), the American Osteopathic Association (AOA), or the Federation of State Boards of Physical Therapy (FSBPT) which at least in part relate to practice of physical therapy.

1. A continuing education document from the American Physical Therapy Association (APTA), or any of its components including state chapters and specialty sections/boards; (Missouri Physical Therapy Association (MPTA) or any other Professional Physical Therapy State Association); the American Medical Association (AMA), the American Osteopathic Association (AOA), the Federation of State Boards of Physical Therapy (FSBPT), specifically listing the continuing education course completed by the specified licensee, the date, time and place of the course, and the actual number of continuing education

clock hours accumulated for the program shall be the document(s) necessary as proof of compliance if audited by the board to submit proof; or

2. A certificate of attendance bearing the original signature of the sponsor of the course/seminar/program specifically identifying the licensee as the certificate holder, the program title and the names of the presenter(s), the goals and objectives of the course/seminar/program, the location in which the course/seminar/program took place, and the actual number of continuing education clock hours accumulated for the program shall be the document(s) necessary as proof of compliance if audited by the board to submit proof.

(B) Academic coursework completed at a regionally accredited college or university in subject matter directly related to the practice of physical therapy, as defined in section 334.500(4), RSMo in which the licensee earns a grade of a "C" or above. For the purpose of this subsection each semester credit hour shall be acceptable as ten (10) hours of continuing education, each trimester credit hour shall be acceptable as eight (8) hours of continuing education, one-quarter credit hour shall be acceptable as seven (7) hours of continuing education.

1. An official transcript, from a regionally accredited college or university, indicating successful completion of academic coursework in appropriate subject matter related to practice of physical therapy as specified in section (4) of this rule, specifically reporting that the licensee earned a grade of at least a "C" for that course, and the number of credit hours awarded for the course shall be the document(s) necessary as proof of compliance if audited by the board to submit proof.

(C) Licensee participation and completion of a recognized post-graduate clinical residency program shall be acceptable as one (1) continuing education hour for each hour of participation.

1. A certificate of completion bearing the original signature of the appropriate program director, identifying the specific licensee as a participant in a specified clinical residency program and specifically detailing the actual hours of licensee participation in such program, shall be the document(s) necessary as proof of compliance if audited by the board to submit proof.

(D) A licensee who has obtained APTA (American Physical Therapy Association) or other nationally recognized physical therapy association specialty certification or specialty recertification shall be acceptable for thirty (30) hours of continuing education hours for the reporting period in which the specialty certification or recertification was awarded.

1. Official documentation confirming the specific licensee as successfully passing an APTA specialty certification or recertification examination; or other nationally recognized physical therapy association specialty certification or recertification shall be the document(s) necessary as proof of compliance if audited by the board to submit proof.

(E) Professional program presentations presented by the licensee in subject matter directly related to the practice of physical therapy which meets the criteria specified in section (4) of this rule as delivered in a lecture and/or demonstration format other than academic curricula.

1. The maximum continuing education hours for presentation activities per licensee shall not exceed fif-

teen (15) hours during any two (2)-year reporting period.

2. The delivering of a presentation for the first time or a workshop or course shall be creditable for three (3) hours of continuing education for each hour of actual presentation time (this ratio reflects the preparation time required in delivering an initial presentation).

3. The delivering of a presentation, workshop or course for a second time shall be creditable for one (1) hour of continuing education for each hour of actual presentation time (this ratio reflects the lesser degree of preparation time required for the second presentation of a workshop or course).

4. The delivering of a presentation, workshop or course more than two (2) times, in any two (2)-year reporting period, is not acceptable for continuing education hours (this reflects the minimal preparation time necessary for multiple presentations of the same workshop or course).

5. A written announcement of a presentation schedule and/or brochure specifically identifying the licensee as the presenter of a course/seminar/program which meets the criteria specified in section (4) of this rule and section 334.500(4), RSMo shall be the document(s) necessary as proof of compliance if audited by the board to submit proof.

(F) Participation in research activities which result in the publication of such research activity (manuscripts) in a professional peer-reviewed physical therapy or medical publication, shall be creditable for five (5) hours of continuing education credit.

1. A copy of the publication or manuscript, specifically identifying the licensee as a participant in the research activities necessary consistent with the topic presented, along with a copy of the cover of the professional publication, shall be the document(s) necessary as proof of compliance if audited by the board to submit proof.

(G) Abstract publications and/or presentations shall be creditable for two (2) hours of continuing education provided such abstract is accepted for presentation at a professional physical therapy conference, or for publication in a peer-reviewed physical therapy or medical publication.

1. A copy of the abstract publication or presentation as accepted for presentation at a professional physical therapy conference, or for publication in a peer-reviewed physical therapy or medical publication specifically identifying the licensee as the author, shall be the document(s) necessary as proof of compliance if audited by the board to submit proof.

(H) Publication of a chapter in a peer-reviewed physical therapy or medical publication shall be creditable for five (5) hours of continuing education.

1. A copy of the chapter as published in a peer-reviewed physical therapy or medical publication specifically identifying the licensee as the author of such chapter, as well as a copy of the cover of the publication, shall be the document(s) necessary as proof of compliance if audited by the board to submit proof.

(I) Videotaped presentation reviews which identify a specific sponsor, sponsoring group or agency, provided that the videotaped presentation meets the criteria specified in section (4) of this rule.

1. A certificate of completion of a videotaped presentation review specifically identifying the licensee as well as the specific sponsor, along with the name of the

facilitator or program official present during the review, as well as all others in attendance during the review, provided that such presentation meets the criteria specified in section (4) of this rule and section 334.500(4), RSMo, shall be the document(s) necessary as proof of compliance if audited by the board to submit proof.

(J) Home study courses, which meet the criteria specified in section (4) of this rule and section 334.500(4), RSMo, which result in the awarding of a certificate of completion, shall be creditable for the number of hours specified on the certificate of completion.

1. A certificate of completion verifying the completion of a home study course meeting the criteria specified in section (4) of this rule and section 334.500(4), RSMo, specifically identifying the licensee and the continuing education hours such course is creditable for, shall be the document(s) necessary as proof of compliance if audited by the board to submit proof.

(K) Continuing education hours shall also be acceptable and creditable for licensee attendance at Grand Rounds. This credit for continuing education shall be creditable for each hour of actual attendance at Grand Rounds.

1. A certificate identifying the specific licensee's attendance and the subject matter presented during Grand Rounds, to include the number of hours the licensee was present for the specific Grand Round, bearing the signature of the facility administrator or other facility official or medical/health related professional who conducted or presented the Grand Round, shall be the document(s) necessary as proof of compliance if audited by the board to submit proof.

(L) Initial CPR (Cardiopulmonary Resuscitation) certification or recertification shall be creditable for each hour of actual attendance in certification or recertification training.

1. A copy of a CPR certification or recertification certificate, specifically identifying the licensee as the person awarded such certification or recertification, shall be the document(s) necessary as proof of compliance if audited by the board to submit proof. This credit for continuing education hours shall only be applicable once during each two (2)-year reporting period.

AUTHORITY: sections 334.125 and 334.507, RSMo Supp. 1999. Original rule filed May 14, 1999, effective Dec. 30, 1999. Amended: Filed July 25, 2000, effective Dec. 30, 2000. Amended: Filed Aug. 25, 2000, effective Feb. 28, 2001. *Original authority: 334.125, RSMo 1959, amended 1993, 1995; 334.507, RSMo 1998.*

Chapter 5 GENERAL RULES

4 CSR 150-5.020 Nonpharmacy Dispensing

PURPOSE: This rule provides information concerning the general responsibilities of a physician who elects to dispense medications from his/her office or clinic.

(1) Physicians must provide patients the freedom of choice concerning the source of drugs and devices prescribed during the course of the physician/patient relationship. This means that no physician may require, as a

condition of the physician/patient relationship, that the patient only receive drugs dispensed directly from the physician's office. By the same token, a physician cannot require any patient to use the services of any particular pharmacy.

(2) Physicians must provide appropriate, direct supervision to personnel employed to assist in the dispensing of drugs and devices from the physician's office. It shall be a violation of this rule for any physician to permit the dispensing of medication from his/her clinic or office when that physician is not present unless another physician duly licensed under the provisions of Chapter 334, RSMo is present.

(3) Physicians who elect to dispense medication must comply with the regulations governing the types of container that may be used to repackage prescription drugs as specified by federal law or rule unless the individual to whom the drug is dispensed gives written authorization for the container to be otherwise.

(4) All drugs dispensed by a physician shall bear a label permanently affixed to the exterior of the drug container which sets forth the following information:

- (A) The date;
- (B) The patient's name;
- (C) Complete directions for usage;
- (D) The physician's name and address; and
- (E) The exact name and strength of the drug dispensed and, in the case of a generic drug, the name of the manufacturer or repackager of the drug. It shall be a violation of this rule for a physician to dispense a generic drug and affix to the label any trade name or other identification that would serve to misrepresent the source of the drug.

(5) Physicians may dispense only to individuals with whom they have established a physician/patient relationship. It shall be a violation of this rule for a physician to dispense medication at the order of any other physician not registered to practice at that same location.

(6) It is not the intention of this rule to interfere with any recognized system for physician education operated by any accredited medical school located within the borders of Missouri nor is it the intention of this rule to interfere with the individual physician's appropriate use of professional samples nor is it the intention of this rule to interfere in any way with the physician's right to directly administer drugs or medicines to any patient.

(7) Whenever dispensing takes place, appropriate records shall be maintained. These records must be adequate to show the name of the patient, the name and strength of the drug dispensed, the quantity, the dose, etc. A separate log must be maintained for controlled substance dispensing.

AUTHORITY: section 334.125, RSMo (1986). * Original rule filed May 11, 1984, effective Sept. 14, 1984. *Original authority 1959.

4 CSR 150-5.030 Physical Therapy, Rehabilitation Services, or Both

PURPOSE: This rule provides information concerning the disclosure of a physician's pecuniary interest in a physical therapy or rehabilitation service as directed by section 334.100.2 (21), RSMo.

(1) Pursuant to the authority granted in section 334.100.2(21), RSMo, physicians who have a pecuniary interest in physical therapy or rehabilitation service facilities must disclose that interest to patients who are prescribed either physical therapy or rehabilitation services using the following form: Missouri state law, 334.100.2 (21), RSMo, requires a physician notify the patient or guardian that the physician has a pecuniary (financial) interest in the physical therapy facility in which prescribed treatment is provided, and that physical therapy or rehabilitation services are available to the patient on a competitive basis from other facilities.

Therefore, I understand that Dr. _____ has a financial interest in _____ facility. Further, I understand that I have the right to choose any other physical therapy or rehabilitation services which may be more convenient or competitive.

Patient/Guardian Signature

Date

This should be retained in the patient's permanent record.

AUTHORITY: sections 334.100.2(21), RSMo (Cum. Supp. 1990) and 334.125, RSMo (1986). * Original rule filed April 4, 1990, effective Nov. 30, 1990. *Original authority 334.100.2(21), RSMo (1939), amended 1945, 1959, 1963, 1974, 1976, 1979, 1981, 1983, 1984, 1986, 1987, 1989, 1990 and 334.125, RSMo (1959).

4 CSR 150-5.100 Collaborative Practice

PURPOSE: This rule defines collaborative practice arrangement terms and delimits geographic areas; methods of treatment; review of services; and drug/device dispensing or distribution pursuant to prescription.

PUBLISHER'S NOTE: The publication of the full text of the material that the adopting agency has incorporated by reference in this rule would be unduly cumbersome or expensive. Therefore, the full text of that material will be made available to any interested person at both the Office of the Secretary of State and the office of the adopting agency, pursuant to section 536.031.4, RSMo. Such material will be provided at the cost established by state law.

(1) For the purpose of these rules, the following definitions shall apply:

(A) Advanced practice nurse--A registered professional nurse who is also an advanced practice nurse as defined in section 335.016(2), RSMo;

(B) Collaborative practice arrangements--refers to written agreements, jointly agreed upon protocols, or standing orders, all of which shall be in writing, for the delivery of health care services; and

(C) Registered professional nurse--A registered professional nurse as defined in section 335.016(9), RSMo, who is not an advanced practice nurse.

(2) Geographic Areas.

(A) The collaborating physician in a collaborative practice arrangement shall not be so geographically distanced from the collaborating registered professional nurse or advanced practice nurse as to create an impediment to effective collaboration in the delivery of health care services or the adequate review of those services.

(B) The use of a collaborative practice arrangement by an advanced practice nurse who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons shall be limited to practice locations where the collaborating physician, or other physician designated in the collaborative practice arrangement, is no further than fifty (50) miles by road, using the most direct route available, from the collaborating advanced practice nurse if the advanced practice nurse is practicing in federally designated health professional shortage areas (HPSAs). Otherwise, in non-HPSAs, the collaborating physician and collaborating advanced practice nurse shall practice within thirty (30) miles by road of one another. The provision of the above specified health care services pursuant to a collaborative practice arrangement shall be limited to only an advanced practice nurse.

(C) An advanced practice nurse who desires to enter into a collaborative practice arrangement to provide health care services that include the diagnosis and treatment of acutely or chronically ill or injured persons at a location where the collaborating physician is not continuously present shall practice at the same location with the collaborating physician for a period of at least one (1) calendar month before the collaborating advanced practice nurse practices at a location where the collaborating physician is not present. The provision of the above specified health care services pursuant to a collaborative practice arrangement shall be limited to only an advanced practice nurse.

(3) Methods of Treatment.

(A) The methods of treatment and the authority to administer, dispense, or prescribe drugs delegated in a collaborative practice arrangement between a collaborating physician and collaborating registered professional nurse or advanced practice nurse shall be within the scope of practice of each professional and shall be consistent with each professional's skill, training, education, and competence.

(B) The collaborating physician shall consider the level of skill, education, training, and competence of the collaborating registered professional nurse or advanced practice nurse and ensure that the delegated responsibilities contained in the collaborative practice arrangement are consistent with that level of skill, education, training, and competence.

(C) The methods of treatment and the authority to administer, dispense, or prescribe drugs delegated to the collaborating registered professional nurse or advanced practice nurse in a collaborative practice arrangement shall also be consistent with the scope of practice of the collaborating physician.

(D) Guidelines for consultation and referral to the collaborating physician or designated health care facility for services or emergency care that is beyond the education, training, competence, or scope of practice of the collaborating registered professional nurse or advanced practice nurse shall be established in the collaborative practice arrangement.

(E) The methods of treatment and authority to administer, dispense, or prescribe drugs delegated to the collaborating registered professional nurse or advanced practice nurse in a collaborative practice arrangement shall not be further delegated to any other person except that the individuals identified in sections 338.095 and 338.198, RSMo may communicate prescription drug orders to a pharmacist.

(F) The methods of treatment, including any authority to administer or dispense drugs, delegated in a collaborative practice arrangement between a collaborating physician and a collaborating registered professional nurse shall be delivered only pursuant to a written agreement, jointly agreed-upon protocols, or standing orders that shall describe a specific sequence of orders, steps, or procedures to be followed in providing patient care in specified clinical situations.

(G) The methods of treatment, including any authority to administer, dispense, or prescribe drugs, delegated in a collaborative practice arrangement between a collaborating physician and a collaborating advanced practice nurse shall be delivered only pursuant to a written agreement, jointly agreed upon protocols, or standing orders that are specific to the clinical conditions treated by the collaborating physician and collaborating advanced practice nurse.

(H) The collaborative practice arrangement between a collaborating physician and a collaborating registered professional nurse or advanced practice nurse shall be signed and dated by the collaborating physician and collaborating registered professional nurse or advanced practice nurse before it is implemented, signifying that both are aware of its content and agree to follow the terms of the collaborative practice arrangement. The collaborative practice arrangement and any subsequent notice of termination of the collaborative practice arrangement shall be in writing and shall be maintained by the collaborating professionals for a minimum of eight (8) years after termination of the collaborative practice arrangement. The collaborative practice arrangement shall be reviewed and revised as needed by the collaborating physician and collaborating registered professional nurse or advanced practice nurse.

(I) Methods of treatment delegated and authority to administer, dispense, or prescribe drugs shall be subject to the following:

1. The physician retains the responsibility for ensuring the appropriate administering, dispensing, prescribing and control of drugs utilized pursuant to a collaborative practice arrangement in accordance with all state and federal statutes, rules, or regulations;

2. All labeling requirements outlined in section 338.059, RSMo shall be followed;

3. Consumer product safety laws and Class B container standards shall be followed when packaging drugs for distribution;

4. All drugs shall be stored according to the United States Pharmacopeia (USP) recommended conditions;

5. Outdated drugs shall be separated from the active inventory;

6. Retrievable dispensing logs shall be maintained for all prescription drugs dispensed and shall include all information required by state and federal statutes, rules, or regulations;

7. All prescriptions shall conform to all applicable state and federal statutes, rules, or regulations and shall include the name, address, and telephone number of the collaborating physician and collaborating advanced practice nurse;

8. A registered professional nurse shall not, under any circumstances, prescribe drugs;

9. An advanced practice nurse shall not, under any circumstances, prescribe controlled substances. The administering or dispensing of a controlled substance by a registered professional nurse or advanced practice nurse in a collaborative practice arrangement shall be accomplished only under the direction and supervision of the collaborating physician, or other physician designated in the collaborative practice arrangement, and shall only occur on a case-by-case determination of the patient's needs following verbal consultation between the collaborating physician and collaborating registered professional nurse or advanced practice nurse. The required consultation and the physician's directions for the administering or dispensing of controlled substances shall be recorded in the patient's chart and in the appropriate dispensing log. These recordings shall be made by the collaborating registered professional nurse or advanced practice nurse and shall be cosigned by the collaborating physician following a review of the records;

10. An advanced practice nurse or registered professional nurse in a collaborative practice arrangement may only dispense starter doses of medication to cover a period of time for seventy-two (72) hours or less with the exception of Title X family planning providers or publicly funded clinics in community health settings that dispense medications free of charge. The dispensing of drug samples, as defined in 21 U.S.C. section 353 (c)(1), is permitted as appropriate to complete drug therapy; and

11. The medications to be administered, dispensed, or prescribed by a collaborating registered professional nurse or advanced practice nurse in a collaborative practice arrangement shall be consistent with the education, training, competence, and scopes of practice of the collaborating physician and collaborating registered professional nurse or advanced practice nurse.

(J) When a collaborative practice arrangement is utilized to provide health care services for conditions other than acute self-limited or well defined problems, the collaborating physician, or other physician designated in the collaborative practice arrangement, shall see the patient for evaluation and approve or formulate the plan of treatment for new or significantly changed conditions as soon as is practical, but in no case more than two (2) weeks after the patient has been seen by the collaborating advanced practice nurse or registered professional nurse.

(K) Nothing in these rules shall be construed to permit medical diagnosis of any condition by a registered professional nurse pursuant to a collaborative proactive arrangement.

(4) Review of Services.

(A) In order to assure true collaborative practice and to foster effective communication and review of services, the collaborating physician, or other physician designated in the collaborative practice arrangement, shall be immediately available for consultation to the collaborating registered professional nurse or advanced practice nurse at all times, either personally or via telecommunications.

(B) The collaborating physician shall review the work, records, and practice of the health care delivered pursuant to a collaborative practice arrangement at least once every two (2) weeks. This review shall be documented by the collaborating physician. This subsection shall not apply to the situation described in subsection (4) (E) below or during the time the collaborating physician and collaborating advanced practice nurse are practicing together as required in subsection (2)(C) above.

(C) If a collaborative practice arrangement is used in clinical situations where a collaborating advanced practice nurse provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, then the collaborating physician shall be present for sufficient periods of time, at least once every two (2) weeks, except in extraordinary circumstances that shall be documented, to participate in such review and to provide necessary medical direction, medical services, consultations, and supervision of the health care staff. In such settings the use of a collaborative practice arrangement shall be limited to only an advanced practice nurse and the physician shall not enter into a collaborative practice arrangement with more than three (3) full-time equivalent advanced practice nurses.

(D) The collaborating physician and collaborating registered professional nurse or advanced practice nurse shall determine an appropriate process of review and management of abnormal test results which shall be documented in the collaborative practice arrangement.

(E) In the case of collaborating physicians and collaborating registered professional nurses or advanced practice nurses practicing in settings which provide care to well patients or to those with narrowly circumscribed conditions in public health clinics or community health settings that provide population-based health services limited to immunizations, well child care, human immunodeficiency virus (HIV) and sexually transmitted disease care, family planning, tuberculosis control, cancer and other chronic disease and wellness screenings, services related to epidemiologic investigations and prenatal care, review of services shall occur as needed and set forth in the collaborative practice arrangement. If the services provided in such settings include diagnosis and the initiation of treatment of any other disease or injury, then the provisions of subsection (4)(C) shall apply.

(F) The process and documentation of review shall be on file and maintained in the collaborative practice setting.

(G) The Missouri State Board of Registration for the Healing Arts and the Missouri State Board of Nursing separately retain the right and duty to discipline their respective licensees for violations of any state or federal statutes, rules, or regulations regardless of the licensee's participation in a collaborative practice arrangement.

(5) Population-Based Public Health Services.

(A) In the case of the collaborating physicians and collaborating registered professional nurses or advanced practice nurses practicing in association with public health clinics that provide population-based health services limited to immunizations, well child care, HIV and sexually transmitted disease care, family planning, tuberculosis control, cancer and other chronic disease and wellness screenings, services related to epidemiologic investigations and related treatment, and prenatal care, the geographic areas, methods of treatment and

review of services shall occur as set forth in the collaborative practice arrangement. If the services provided in such settings include diagnosis and initiation of treatment of disease or injury not related to population-based health services, then the provisions of sections (2), (3), and (4) above shall apply.

AUTHORITY: sections 334.104.3, RSMo 1994 and 334.125, RSMo Supp. 1997.* Original rule filed Jan. 29, 1996, effective Sept. 30, 1996. Amended: Filed April 1, 1998, effective Oct. 30, 1998. *Original authority: 334.104.3, RSMo 1993 and 334.125, RSMo 1959, amended 1993, 1995.

Chapter 6 REGISTRATION OF ATHLETIC TRAINERS

4 CSR 150-6.010 Definitions

PURPOSE: This rule defines and describes some terms as they are used in this regulation.

Editor's Note: The secretary of state has determined that the publication of this rule in its entirety would be unduly cumbersome or expensive. The entire text of the material referenced has been filed with the secretary of state. This material may be found at the Office of the Secretary of State or at the headquarters of the agency and is available to any interested person at a cost established by state law.

(1) As used in this rule, unless the context clearly requires otherwise, the following terms mean:

(A) Academic year--a continuous nine (9)-month session in an athletic trainer program;

(B) Team physician or consulting physician--a person who is licensed as a physician and is either an M.D. or D.O.;

(C) Basic athletic training course--curriculum involving the following didactic topics per semester hours:

1. Prevention and Care of Athletic Injuries (3)
2. Injury Evaluations (3)
3. Administration of Athletic Training (2)
4. Emergency Medical Care (2)
5. Therapeutic Exercise and Modalities (3)
6. Human Anatomy (4)
7. Essentials of Nutrition (3)
8. Personal Health (3)
9. Introductory Psychology (3)
10. Biomechanics and Kinesiology (3) and
11. Exercise Physiology (3);

(D) Direct supervision--daily personal contact between the certified athletic trainer and the clinical experience student, that is, perspective applicant;

(E) Certified athletic trainer--National Athletic Trainers' Association (NATA) certified athletic trainer;

(F) Educational quality equal--as defined in Competencies in Athletic Training as published by the NATA, available upon request from this office or upon request from the NATA; and

(G) Athletic trainer--any person who, in any manner, represents him/herself as an athletic trainer, or who uses in connection with his/her name the words or letters athletic trainer, trainer, registered athletic trainer, certified

athletic trainer, A.T., A.T.C., A.T.R., C.A.T., R.A.T. or any other letters, word abbreviations or insignia indicating or implying that s/he is an athletic trainer.

AUTHORITY: sections 334.125 and 334.706.3(2), RSMo (1986). * Emergency rule filed April 5, 1985, effective April 15, 1985, expired Aug. 13, 1985. Original rule filed May 3, 1985, effective Aug. 15, 1985. Amended: Filed Sept. 15, 1988, effective Jan. 1, 1989. *Original authority 334.125, RSMo (1959); 334.706.3(2), RSMo (1983).

4 CSR 150-6.020 Applicants for Registration as Athletic Trainers

PURPOSE: This rule provides requirements to applicants desiring registration in Missouri to practice as athletic trainers.

PUBLISHER'S NOTE: The publication of the full text of the material that the adopting agency has incorporated by reference in this rule would be unduly cumbersome or expensive. Therefore, the full text of that material will be made available to any interested person at both the Office of the Secretary of State and the office of the adopting agency, pursuant to section 536.031.4, RSMo. Such material will be provided at the cost established by state law.

(1) The applicant is required to make application upon a form prescribed by the board.

(2) No application will be considered unless fully and completely made out on the specified form and properly attested.

(3) All applicants for registration shall present, attached to the application, a recent photograph, not larger than three and one-half inches by five inches (3 1/2" x 5").

(4) All applicants shall provide a functional protocol form(s), signed by a physician licensed to practice pursuant to Chapter 334, RSMo. The protocol form shall specify what procedures the athletic trainer may perform or initiate during the physician's absence. If practicing under the direction of more than one (1) physician the applicant shall submit a functional protocol form signed by each physician.

(5) If the applicant is applying for registration as an athletic trainer based upon meeting the National Athletic Trainers Association (NATA) certification qualifications, then the applicant shall provide proof that the NATA certification is current at the time the application is submitted to the board.

(6) Proof which is acceptable to the board of experience and educational quality equal to that mentioned in section 334.708.1(1), RSMo is set forth in materials which are incorporated by reference and retained at the office of the board. The materials can be summarized in that the results of a role delineation study completed by the National Athletic Trainers' Association (NATA) Board of Certification in conjunction with the Professional Examination Service, New York, New York, serve as a primary basis for development of a list of competencies and is incorporated by reference in this rule. The role delineation study is designed to identify actual job responsibilities and tasks performed by certified athletic trainers in high

schools, colleges and professional athletic organizations throughout the United States and was conducted in an attempt to establish a valid base for construction of the national certification examination for athletic trainers. The list of competencies subsequently developed by the NATA Professional Education Committee serves as a guide to the development of educational programs leading to certification as an athletic trainer and is intended to assist both instructional personnel and students in identifying knowledge and skills to be mastered. Thus, educational backgrounds of registered athletic trainers in Missouri should follow these competencies. The competencies identified are categorized according to seven (7) major tasks comprising the role of the certified athletic trainer:

- (A) Prevention of athletic injuries/illnesses;
- (B) Evaluation and recognition of athletic injuries/illnesses and medical referral;
- (C) First aid and emergency care;
- (D) Rehabilitation and reconditioning;
- (E) Organization and administration;
- (F) Counseling and guidance; and
- (G) Education. Although the necessary competencies identified for each major task are not stated as such, they are listed wherever appropriate according to the following commonly accepted method of classifying behavioral objectives:

1. Cognitive domain (knowledge and intellectual skills). Psychomotor domain (manipulative and motor skills) and, affective domain (attitudes and values). The materials will be made available to any interested person, upon written request, at a cost not to exceed the actual cost of reproduction.

(7) The board shall charge each person applying for registration to practice as an athletic trainer an appropriate fee which will be established by the board. The fee shall be sent with the application and in the form of a bank draft, postal money order or express money order. (Personal checks will not be accepted.)

AUTHORITY: sections 334.125 and 334.706, RSMo Supp. 1999 and 334.702, 334.704, 334.708, 334.710 and 334.712, RSMo 1994. Emergency rule filed April 5, 1985, effective April 15, 1985, expired Aug. 13, 1985. Original rule filed May 3, 1985, effective Aug. 15, 1985. Amended: Filed July 25, 2000, effective Dec. 30, 2000. *Original authority: 334.125, RSMo 1959 amended 1993, 1995; 334.702 RSMo 1983; 304.704, RSMo 1983; 334.706, RSMo 1983, amended 1993, 1995; 334.708, RSMo 1983; 334.710, RSMo 1983; 334.712, RSMo 1983.*

4 CSR 150-6.025 Examination

PURPOSE: This rule provides specific instructions to applicants regarding examination procedures.

(1) The executive director will, as soon as practicable, notify applicants of the date, time and place the examination is scheduled to be held.

(2) The board shall conduct examination of applicants for registration to practice as an athletic trainer at least once each calendar year provided applicants support such administration.

(3) Any applicant detected to be seeking or giving help during the hours of the examination will be dismissed

and his/her papers cancelled.

(4) To receive a passing score on the examination, the applicant must achieve the passing score recommended by the National Athletic Trainers Association or its successor. Scores from a portion of an examination taken at one (1) test administration may not be averaged with scores from any other portion of the examination taken at another test administration to achieve a passing score.

(5) An applicant may retake the examination for registration to practice as an athletic trainer upon payment of an appropriate fee established by the board.

AUTHORITY: section 334.706, RSMo Supp. 1999. Original rule filed July 25, 2000, effective Dec. 30, 2000. *Original authority: 334.706, RSMo 1983, amended 1993, 1995.*

4 CSR 150-6.030 Registration by Reciprocity

PURPOSE: This rule provides information to those applicants desiring registration by reciprocity.

(1) The board shall grant, without examination, registration to any qualified nonresident athletic trainer holding a license or registration in another state if that other state recognizes registrants of Missouri in the same manner.

(2) All applicants are required to make application upon forms prescribed by the board.

(3) No application will be considered unless fully and completely made out on the specified form and properly attested.

(4) All applicants shall furnish, on a form prescribed by the board, verification of registration/licensure from every state, territory or country in which the applicant has ever been registered/licensed to practice as an athletic trainer.

(5) All applicants shall provide a functional protocol form(s), signed by a physician licensed to practice pursuant to Chapter 334, RSMo. The protocol form shall specify what procedures the athletic trainer may perform or initiate during the physician's absence. If practicing under the direction of more than one (1) physician the applicant shall submit a functional protocol form signed by each physician.

(6) All applicants for reciprocity shall present, attached to the application, a recent photograph, not larger than three and one-half inches by five inches (3 1/2" x 5").

(7) All applications shall be sent to the executive director of the State Board of Registration for the Healing Arts, 3605 Missouri Boulevard, P.O. Box 4, Jefferson City, MO 65102.

(8) The board shall charge an appropriate fee which will be established by the board to each person applying for registration by reciprocity as an athletic trainer. The fee shall be sent with the application and in the form of a bank draft, postal money order or express money order. (Personal checks will not be accepted.)

AUTHORITY: sections 334.125 and 334.706, RSMo Supp. 1999 and 334.702, 334.704, 334.708, 334.710 and 334.712, RSMo 1994. Emergency rule filed April 5, 1985, effective April 15, 1985, expired Aug. 13, 1985. Original*

rule filed May 3, 1985, effective Aug. 15, 1985. Amended: Filed April 4, 1988, effective Aug. 18, 1988. Amended: Filed July 25, 2000, effective Dec. 30, 2000. *Original authority: 334.125, RSMo 1959 amended 1993, 1995; 334.702, RSMo 1983; 334.704, RSMo 1983; 334.706, RSMo 1983, amended 1993, 1995; 334.708, RSMo 1983; 334.710, RSMo 1983; 334.712, RSMo 1983.

4 CSR 150-6.040 Code of Ethics

PURPOSE: This rule provides an ethical standard for persons registered as athletic trainers to follow.

Editor's Note: The secretary of state has determined that the publication of this rule in its entirety would be unduly cumbersome or expensive. The entire text of the material referenced has been filed with the secretary of state. This material may be found at the Office of the Secretary of State or at the headquarters of the agency and is available to any interested person at a cost established by state law.

(1) The board and the Missouri Athletic Trainer Advisory Committee adopt and incorporate by reference the National Athletic Trainers' Association, Inc. (NATA) Code of Ethics. A copy of the NATA's Code of Ethics is retained at the office of the board and is available to any interested person, upon written request, at a cost not to exceed the actual cost of the reproduction.

AUTHORITY: sections 334.125 and 334.706.3(2), RSMo (1986). * Emergency rule filed April 5, 1985, effective April 15, 1985, expired Aug. 13, 1985. Original rule filed May 3, 1985, effective Aug. 15, 1985. Amended: Filed April 4, 1988, effective Aug. 18, 1988.

4 CSR 150-6.050 Fees

PURPOSE: This rule establishes the various fees which the State Board of Registration for the Healing Arts will charge pursuant to Chapter 334, RSMo.

(1) The following fees are established by the State Board of Registration for the Healing Arts:

(A) Registration With Examination Fee	\$ 150.00
(B) Registration Fee.....	\$ 100.00
(C) Renewal Fee.....	\$ 50.00
(D) Reinstatement Fee	\$ 10.00
and	
(E) Endorsement Fee	\$ 25.00
(F) Returned Check Fee	\$ 25.00.

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

AUTHORITY: sections 334.125 and 334.706.3(2), RSMo

2000.* Emergency rule filed April 5, 1985, effective April 15, 1985, expired Aug. 13, 1985. Original rule filed May 3, 1985, effective Aug. 15, 1985. Amended: Filed Sept. 15, 1988, effective Jan. 1, 1988. Amended Filed April 30, 2002, effective Nov. 30, 2002. *Original authority 334.125, RSMo 1959, amended 1993, 1995; 334.706, RSMo 1983, amended 1993, 1995.

4 CSR 150-6.060 Renewal of Registration

PURPOSE: This rule provides information to athletic trainers regarding annual renewal of registration.

(1) A registration shall be renewed on or before the expiration of the registration by submitting the signed renewal notice, protocol form(s) and fee to the board. The registration fee shall be the appropriate fee established by the board.

(2) The board shall mail an application for renewal to each person registered in this state at the last known mailing address. The failure to mail the application or the failure to receive it does not, however, relieve any person of the duty to renew and to pay the fee required nor provide exemption from the penalties provided for failure to renew.

(3) All registrants shall renew with the board on the application form furnished by the board before January 30 of the year in which such registration is due for renewal.

(4) Renewal application forms postmarked by the post office January 31 or after will be considered delinquent, however, should January 30 fall on a Saturday, Sunday or legal holiday, renewal forms postmarked by the post office on the next business day will not be considered delinquent.

(5) Any person practicing as an athletic trainer without a current registration shall be subject to discipline under section 334.715, RSMo.

(6) A registrant not actively engaged in the practice of athletic training, but who wishes to renew his/her registration, must submit a statement advising the reason (s) why a protocol form is not completed.

AUTHORITY: sections 334.125 and 334.706, RSMo Supp. 1999 and 334.710, RSMo 1994.* Original rule filed July 25, 2000, effective Dec. 30, 2000. *Original authority: 334.125, RSMo 1959, amended 1993, 1995; 334.706, RSMo 1983, amended 1993, 1995; 334.710, RSMo 1983.

4 CSR 150-6.070 Name, Address and/or Physician Supervision Changes

PURPOSE: This rule outlines the requirements and procedures athletic trainers must adhere to in notifying the board of name and/or address changes or a change of team and/or consulting physician supervisor.

(1) All individuals practicing as a registered athletic trainer under registration issued by the board shall ensure that his/her current registration certificate bears the current legal name of that individual.

(2) A registrant whose name has changed since

registration was issued must submit a copy of the legal document verifying the name change to the board within fifteen (15) days of such change.

(3) Registrants must submit written notification of any address change, home or business, to the board within fifteen (15) days of such change.

(4) A registrant who has a change in their team physician and/or consulting physician shall submit to the board a new functional protocol form within fifteen (15) days of such change.

AUTHORITY: section 334.706, RSMo Supp. 1999. Original rule filed July 25, 2000, effective Dec. 30, 2000. *Original authority: 334.706, RSMo 1983, amended 1993, 1995.*

Chapter 7

LICENSING OF PHYSICIAN ASSISTANTS

4 CSR 150-7.100 Applicants for Licensure

PURPOSE: This rule provides information regarding requirements to applicants desiring licensure in Missouri for practice as a physician assistant.

(1) Applicants shall furnish satisfactory evidence as to their good moral character including a letter of reference from the director of their physician assistant program.

(2) Applicants must present satisfactory evidence of completion of a physician assistant program accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association or by its successor agency the Commission for the Accreditation of Allied Health Education Programs or its successor agency. A photostatic copy of the applicant's diploma shall be submitted as evidence of satisfactory completion.

(3) Applicants who did not complete a physician assistant program and were employed as physician assistants for three (3) years prior to August 28, 1989, shall have written verification of employment, made under oath, submitted to the board from the physician who supervised the applicant. The supervising physician shall also submit a letter of reference documenting the performance of the physician assistant during the employment period. This verification of employment and letter of reference shall be accepted in lieu of the requirements in section (1) and (2) of this rule.

(4) Applicants shall, upon a form provided by the board, designate any and all physicians who will serve as their supervising physician. A change of physician supervision, for any reason, must be submitted to the board within fifteen (15) days of such occurrence.

(5) Applicants shall have verification of passage of the certifying examination and active certification submitted to the board from the National Commission on Certification of Physician Assistants.

(6) Applicants are required to make application upon forms prepared by the board.

(7) No application will be considered unless fully and completely made out on the specified form and properly attested.

(8) Applicants shall attach to the application a recent unmounted photograph not larger than three and

one-half inches by five inches (3 1/2" x 5").

(9) Applications shall be sent to the State Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102.

(10) Applicants shall submit the licensure application fee in the form of a cashier's check or money order drawn on or through a United States bank made payable to the State Board of Registration for the Healing Arts. Personal checks will not be accepted.

(11) Applicants shall have verification of licensure, registration and/or certification submitted from every state and/or country in which the applicants have ever held privileges to practice. This verification must be submitted directly from the licensing agency and include the type of license, registration or certification, the issue and expiration date, and information concerning any disciplinary or investigative actions.

(12) Applicants must submit a complete curriculum vitae from high school graduation to the date of application submission. This document shall include the name(s) and address(es) of all employers and supervisors, dates of employment, job title, and all professional and nonprofessional activities.

(13) When an applicant has filed an application and an appropriate fee, to be established by the board in conjunction with the director of the Division of Professional Registration for licensure and the application is denied by the board or subsequently withdrawn by the applicant, that fee will be retained by the board as a service charge.

(14) The board may require the applicant to make a personal appearance before the board and/or commission prior to rendering a final decision regarding licensure.

(15) An applicant may withdraw an application for licensure anytime prior to the board's vote on the applicant's candidacy for licensure.

AUTHORITY: sections 334.125, 334.735, 334.738, 334.742 and 334.743, RSMo Supp. 1999. Emergency rule filed Sept. 15, 1992, effective Sept. 25, 1992, expired Jan. 22, 1993. Original rule filed April 2, 1992, effective Dec. 3, 1992. Amended: Filed Jan. 3, 1997, effective July 30, 1997. Amended: Filed July 25, 2000, effective Dec. 30, 2000. *Original authority: 334.125, RSMo 1959, amended 1993, 1995; 334.735, RSMo 1989, amended 1996, 1997, 1998; 334.738, RSMo 1989, amended 1998; 334.742, RSMo 1989, amended 1998; 334.743, RSMo 1989, amended 1993, 1995, 1998.*

4 CSR 150-7.120 Licensure Renewal

PURPOSE: This rule provides information to physician assistants licensed in Missouri regarding renewal of licensure.

(1) The licensure renewal fee shall be an appropriate fee established by the board. Each applicant shall make application for licensure renewal with the board on application forms furnished by the board, before January 31 of the year the license is due for renewal.

(2) The failure to mail the application form or the failure to receive the licensure registration renewal application form does not relieve any licensee of the duty to renew the license and pay the renewal fee, nor shall it

exempt any licensee from the penalties provided in sections 334.735 to 334.748, RSMo for failure to renew.

(3) Licensure renewal forms postmarked by the post office February 1 or after will be considered delinquent, however, should January 31 fall on a Saturday, Sunday or legal holiday, renewal forms postmarked by the post office on the next business day will not be considered delinquent.

AUTHORITY: sections 334.125, 334.735, 334.738 and 334.743, RSMo Supp. 1999. Emergency rule filed Sept. 15, 1992, effective Sept. 25, 1992, expired Jan. 22, 1993. Original rule filed April 2, 1992, effective Dec. 3, 1992. Amended: Filed Jan. 3, 1997, effective July 30, 1997. Amended: Filed Sept. 10, 1998, effective March 30, 1999. Amended: Filed July 25, 2000, effective Dec. 30, 2000. *Original authority: 334.125, RSMo 1959, amended 1993, 1995; 338.735, RSMo 1989, amended 1996, 1997, 1998; 334.738, RSMo 1989, amended 1998; 334.743, RSMo 1989, amended 1993, 1995, 1998.*

4 CSR 150-7.122 Supervision, Name and Address Change Requirements, Retirement Affidavits

PURPOSE: This rule provides the requirements and time frames licensees must follow in reporting a change in supervision, name and/or address change, or to document retirement from practice.

(1) Licensed physician assistants who have a change of physician supervision, for any reason, must submit written notification and the required form to the board within fifteen (15) days of such occurrence.

(2) Licensed physician assistants must submit written notification of any address change to the board within fifteen (15) days of such occurrence.

(3) Licensed physician assistants whose names have changed since licensure was issued must submit a copy of the legal document verifying the name change to the board, within fifteen (15) days of such occurrence.

(4) Licensed physician assistants who retire from practice as a physician assistant shall file an affidavit, on a form furnished by the board, stating the date of retirement. The licensee shall submit any other documentation requested by the board to verify retirement. Licensees who reengage in practice as a physician assistant after submitting an affidavit of retirement shall reapply for licensure as required in sections 334.735 and 334.738, RSMo and pursuant to the provisions of rule 4 CSR 150-7.125.

AUTHORITY: sections 334.125, 334.735, 334.738 and 334.743, RSMo Supp. 1999. Original rule filed Jan. 3, 1997, effective July 30, 1997. Amended: Filed July 25, 2000, effective Dec. 30, 2000. *Original authority: 334.125, RSMo 1959, amended 1993, 1995; 334.735, RSMo 1989, amended 1996, 1997, 1998; 334.738, RSMo 1989, amended 1998; 334.743, RSMo 1989, amended 1993, 1995, 1998.*

4 CSR 150-7.125 Late Registration and Reinstatement Applicants

PURPOSE: This rule provides information to

physician assistants licensed in Missouri regarding penalty of not renewing.

(1) Whenever a licensed physician assistant fails to renew his/her license before the license expiration date, his/her application for renewal of license shall be denied unless it is accompanied by all fees required by statute and rule, together with a statement of all addresses where s/he has practiced and resided since the expiration of his/her last period of licensure, the nature of his/her practice since expiration and whether, since expiration, any registration or license, or right of his/her to practice in any other state or country has been suspended or revoked; whether s/he has been the subject of any disciplinary action by any licensing agency of any state or country or by any professional organization or society; whether s/he has been charged or convicted of any crime in any court of any state or country; whether s/he has been addicted to a drug habit or has been guilty of any unprofessional or dishonorable conduct as defined by section 334.100, RSMo; and all details pertaining to all those occurrences. This statement shall be completed upon forms provided by the board and shall be made by the applicant under oath.

(2) No application will be considered unless fully and completely made out on the specified form and properly attested.

(3) All applicants must provide, on the application form, a recent unmounted photograph, in size no larger than three and one-half inches by five inches (3 1/2" x 5").

(4) All applications shall be sent to the Missouri State Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102.

(5) All applicants shall submit the renewal fee along with the delinquent fee established by the board. This fee shall be submitted in the form of a cashier's check or money order drawn on a United States bank made payable to the State Board of Registration for the Healing Arts. Personal checks will not be accepted.

(6) All applicants shall have verification of licensure, registration and/or certification submitted from every state and/or country in which the applicants have ever held privileges to practice. This verification must be submitted directly from the licensing agency and include the type of license, registration or certification, the issue and expiration date, and information concerning any disciplinary or investigative actions.

(7) All applicants shall have verification of active certification submitted to the board directly from the National Commission on Certification of Physician Assistants.

(8) All applicants shall, upon a form provided by the board, designate any and all physicians who will serve as their supervising physician.

(9) Applicants whose license has been revoked, suspended or inactive for more than two (2) years shall submit any other documentation requested by the board necessary to verify that the licensee is competent to practice and is knowledgeable of current medical techniques, procedures and treatments, as evidenced by continuing education hours, reexamination, or other applicable documentation acceptable and approved by the board pursuant to the provisions of section 334.100.6, RSMo.

(10) The board may require an applicant to make

a personal appearance before the board and/or commission prior to rendering a final decision regarding license renewal/reinstatement.

(11) An applicant may withdraw his/her application for license anytime prior to the board's vote on the applicant's candidacy for license renewal/reinstatement.

AUTHORITY: sections 334.125, 334.735, 334.738 and 334.743, RSMo Supp. 1999.* *Emergency rule filed Sept. 15, 1992, effective Sept. 25, 1992, expired Jan. 22, 1993. Original rule filed April 2, 1992, effective Dec. 3, 1992. Amended: Filed Jan. 3, 1997, effective July 30, 1997. Amended: Filed July 25, 2000, effective Dec. 30, 2000. *Original authority: 334.125, RSMo 1959, amended 1993, 1995; 334.735, RSMo 1989, amended 1996, 1997, 1998; and 334.738, RSMo 1989 amended 1998; 334.743, RSMo 1989, amended 1993, 1995, 1998.*

4 CSR 150-7.135 Physician Assistant Supervision Agreements

PURPOSE: *This rule defines the terms used throughout this chapter as applicable to physician assistants, specifies the requirements for supervision agreements and practice of a physician assistant pursuant to a supervision agreement.*

(1) As used in this rule, unless specifically provided otherwise, the term—

(A) Supervising physician—shall mean a physician so designated pursuant to 4 CSR 150-7.100(4) who holds a permanent license to practice medicine in the state of Missouri and who is actively engaged in the practice of medicine, except that this shall not include physicians who hold a limited license pursuant to section 334.112, RSMo, or a temporary license pursuant to section 334.045 or 334.046, RSMo, or physicians who have retired from the practice of medicine. A physician meeting these requirements but not so designated may serve as a supervising physician, upon signing a physician assistant supervision agreement for times not to exceed fifteen (15) days, when the supervising physician is unavailable if so specified in the physician assistant supervision agreement;

(B) Physician assistant supervision agreements—refers to written agreements, jointly agreed upon protocols, or standing orders between a supervising physician and a licensed physician assistant which provide for the delegation of health care services from a supervising physician to a licensed physician assistant and the review of such services;

(C) Consultation—shall mean the process of seeking a supervising physician's input and guidance regarding patient care including, but not limited to, the methods specified in the physician assistant supervision agreement;

(D) Assistance—shall mean participation by a supervising physician in patient care; and

(E) Intervention—refers to the direct management of a patient's care by a supervising physician.

(2) No physician assistant shall practice pursuant to the provisions of sections 334.735 through 334.748, RSMo or to the provisions of this rule unless licensed and pursuant to a written physician assistant supervision

agreement.

(3) A supervising physician as designated pursuant to 4 CSR 150-7.100(4) or otherwise in the physician assistant supervision agreement shall at all times be immediately available to the licensed physician assistant for consultation, assistance, and intervention within the same office facility unless making follow-up patient examinations in hospitals, nursing homes and correctional facilities pursuant to section 334.735.9, RSMo or unless practicing under federal law. No physician assistant shall practice without physician supervision or in any location where a supervising physician is not immediately available for consultation, assistance and intervention, except in an emergency situation, pursuant to federal law, or as provided in section 334.735.9, RSMo.

(4) A physician assistant shall be limited to making follow-up patient examinations in hospitals, nursing homes and correctional facilities where the supervising physician as designated pursuant to 4 CSR 150-7.100(4) or otherwise in the physician assistant supervision agreement, is no further than thirty (30) miles by road, using the most direct route available, or in any other fashion so distanced as to create an impediment to effective intervention, supervision of patient care or adequate review of services. Physician assistants practicing in federally designated health professional shortage areas (HPSAs), shall be limited to practice locations where the supervising physician as designated pursuant to 4 CSR 150-7.100(4) or otherwise in the physician assistant supervision agreement, is no further than fifty (50) miles by road, using the most direct route available.

(5) No physician may be designated to serve as supervising physician for more than three (3) full-time equivalent licensed physician assistants. This limitation shall not apply to physician assistant supervision agreements of hospital employees providing in-patient care services in hospitals as defined in Chapter 197, RSMo.

(6) Upon entering into a physician assistant supervision agreement, the supervising physician shall be familiar with the level of skill, training and the competence of the licensed physician assistant whom the physician will be supervising. The provisions contained in the physician assistant supervision agreement between the licensed physician assistant and the supervising physician shall be within the scope of practice of the licensed physician assistant and consistent with the licensed physician assistant's skill, training and competence.

(7) A licensed physician assistant practicing pursuant to a physician assistant supervision agreement shall work in the same office facility as the supervising physician except as provided in section 334.735(9), RSMo.

(8) The delegated health care services provided for in the physician assistant supervision agreement shall be consistent with the scopes of practice of both the supervising physician and licensed physician assistant including, but not limited to, any restrictions placed upon the supervising physician's practice or license.

(9) The physician assistant supervision agreement between a supervising physician and a licensed physician assistant shall—

(A) Include consultation, transportation and referral procedures for patients needing emergency care or care beyond the scope of practice of the licensed physician assistant if the licensed physician assistant practices

in a setting where a supervising physician is not continuously present;

(B) Include the method and frequency of review of the licensed physician assistant's practice activities;

(C) Be reviewed at least annually and revised as the supervising physician and licensed physician assistant deem necessary;

(D) Be maintained by the supervising physician and licensed physician assistant for a minimum of eight (8) years after the termination of the agreement;

(E) Be signed and dated by the supervising physician and licensed physician assistant prior to its implementation; and

(F) Contain the mechanisms for input for serious or significant changes to a patient.

(10) It is the responsibility of the supervising physician to determine and document the completion of at least a one (1)-month period of time during which the licensed physician assistant shall practice with a supervising physician continuously present before making follow-up visits in hospitals, nursing homes and correctional facilities.

(11) It is the responsibility of the supervising physician and licensed physician assistant to jointly review and document the work, records, and practice activities of the licensed physician assistant at least once every two (2) weeks. For nursing home practice, such review shall occur at least once a month. The supervising physician and the licensed physician assistant shall conduct this review at the site of service except in extraordinary circumstances which shall be documented. The documentation of this review shall be available to the Board of Registration for the Healing Arts for review upon request.

(12) If any provisions of these rules are deemed by the appropriate federal or state authority to be inconsistent with guidelines for federally funded clinics, individual provisions of these rules shall be considered severable and supervising physicians and licensed physician assistants practicing in such clinics shall follow the provisions of such federal guidelines in these instances. However, the remainder of the provisions of these rules not so affected shall remain in full force and effect for such practitioners.

AUTHORITY: section 334.735, RSMo Supp. 1998. Original rule filed Jan. 3, 1997, effective July 30, 1997. Rule Action Notice filed: July 7, 1998, effective July 21, 1999. Amended: Filed July 30, 1999, effective Feb. 29, 2000. *Original authority: 334.735, RSMo 1989, amended 1996, 1997, 1998.

4 CSR 150-7.140 Grounds for Discipline, Procedures

PURPOSE: This rule provides information regarding the requirements for professional conduct as referenced in section 334.100, RSMo and the **Code of Ethics** of the American Academy of Physician Assistants.

PUBLISHER'S NOTE: The publication of the full text of the material that the adopting agency has incorporated by reference in this rule would be unduly cumbersome or expensive. Therefore, the full text of that material will be made available to any interested person at both the Office

of the Secretary of State and the office of the adopting agency, pursuant to section 536.031.4, RSMo. Such material will be provided at the cost established by state law.

(1) The board may refuse to issue or renew any physician assistant license required pursuant to this chapter for one (1) or any combination of causes stated in section (2) of this rule. The board shall notify the physician assistant in writing of the reasons for the refusal and shall advise the physician assistant of their right to file a complaint with the Administrative Hearing Commission as provided by Chapter 621, RSMo.

(2) The board may cause a complaint to be filed with the Administrative Hearing Commission as provided by Chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered a certificate of registration or authority, permit or license for any one (1) or any combination of the following causes:

(A) Use of any controlled substance, as defined in Chapter 195, RSMo, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by this chapter;

(B) The person has been finally adjudicated and found guilty, or entered a plea of guilty or *nolo contendere*, in a criminal prosecution under the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated under this chapter, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

(C) Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license issued pursuant to this chapter or in obtaining permission to take any examination given or required pursuant to this chapter;

(D) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct in the performance of the functions or duties of any profession licensed or regulated by this chapter, including, but not limited to the following:

1. Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation; willfully and continually overcharging or over-treating patients; or charging for services which did not occur unless the services were contracted for in advance, or for services which were not rendered or documented in the patient's records;

2. Attempting, directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or discourage the use of a second opinion or consultation;

3. Willfully and continually performing inappropriate or unnecessary treatment, diagnostic tests or medical or surgical services;

4. Delegating professional responsibilities to a person who is not qualified by training, skill, competency, age, experience, licensure, registration or certification to perform them;

5. Misrepresenting that any disease, ailment or infirmity can be cured by a method, procedure, treatment,

medicine or device;

6. Performing or prescribing medical services which have been declared by board rule to be of no medical or osteopathic value;

7. Final disciplinary action by any professional physician assistant association or society or licensed hospital or medical staff of such hospital in this or any other state or territory, whether agreed to voluntarily or not, and including, but not limited to, any removal, suspension, limitation, or restriction of his/her registration, license or staff or hospital privileges, failure to renew such privileges of registration or license for cause, or other final disciplinary action, if the action was in any way related to unprofessional conduct, professional incompetence, malpractice or any other violation of any provision of this chapter;

8. Signing a blank prescription form; or dispensing, prescribing, administering or otherwise distributing any drug, controlled substance or other treatment without sufficient examination, or for other than medically accepted therapeutic or experimental or investigative purposes duly authorized by a state or federal agency, or not in the course of professional practice, or not in good faith to relieve pain and suffering, or not to cure an ailment, physical infirmity or disease, except as authorized in section 334.104, RSMo;

9. Exercising influence within a physician assistant-patient relationship for purposes of engaging a patient in sexual activity;

10. Terminating the medical care of a patient without adequate notice or without making other arrangements for the continued care of the patient;

11. Failing to furnish details of a patient's medical records to other treating physician assistants, physicians or hospitals upon proper request; or failing to comply with any other law relating to medical records;

12. Failure of any physician assistant or applicant, other than the physician assistant subject of the investigation, to cooperate with the board during any investigation;

13. Failure to comply with any subpoena or subpoena *duces tecum* from the board or an order of the board;

14. Failure to timely pay license renewal fees specified in this chapter;

15. Violating a probation agreement with this board or any other licensing or regulatory agency;

16. Failing to inform the board of the physician assistant's current residence and business address;

17. Advertising by an applicant or licensed physician assistant which is false or misleading, or which violates any rule of the board, or which claims without substantiation the positive cure of any disease, or professional superiority to or greater skill than that possessed by any other physician assistant. An applicant or licensed physician assistant shall also be in violation of this provision if s/he has a financial interest in any organization, corporation or association which issues or conducts such advertising;

18. Violation of one (1) or any combination of the standards listed in the *American Academy of Physician Assistants' Code of Ethics*. The board adopts and incorporates by reference the *American Academy of Physician Assistants' Code of Ethics*. A copy of the *American Academy of Physician Assistants' Code of Ethics* is retained at the office of the board and is available to any interested person, upon written request, at a cost not to exceed the

actual cost of reproduction; and

19. Loss of national certification, for any reason, shall result in the termination of licensure;

(E) Any conduct or practice which is or might be harmful or dangerous to the mental or physical health of a patient or the public; or incompetency, gross negligence or repeated negligence in the performance of the functions or duties of any profession licensed or regulated by this chapter. For the purposes of this subsection, "repeated negligence" means the failure, on more than one (1) occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by the member of the applicant's, registrant's or licensee's profession;

(F) Violation of, or attempting to violate, directly or indirectly, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter;

(G) Impersonation of any person holding a certificate of registration or authority, permit or license or allowing any person to use his/her certificate of registration or authority, permit, license or diploma from any school;

(H) Revocation, suspension, restriction, modification, limitation, reprimand, warning, censure, probation or other final disciplinary action against the holder of or applicant for licensure or other right to practice any profession regulated by this chapter by another state, territory, federal agency or country, whether or not voluntarily agreed to by the physician assistant or applicant, including, but not limited to, the denial of licensure or registration, surrender of the license or registration, allowing physician assistant license or registration to expire or lapse, or discontinuing or limiting the practice of the physician assistant while subject to an investigation or while actually under investigation by any licensing authority, medical facility, branch of the armed forces of the United States of America, insurance company, court, agency of the state or federal government, or employer;

(I) A person is finally adjudged incapacitated or disabled by a court of competent jurisdiction;

(J) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by this chapter who is not licensed and currently eligible to practice under this chapter; or knowingly performing any act which in any way aids, assists, procures, advises, or encourages any person to practice who is not licensed and currently eligible to practice under this chapter;

(K) Issuance of a certificate of registration or authority, permit or license based upon a material mistake of fact;

(L) Failure to display a valid license as required by this chapter;

(M) Violation of the drug laws or rules and regulations of this state, any other state or the federal government;

(N) Knowingly making, or causing to be made, or aiding, or abetting in the making of, a false statement in any birth, death or other certificate or document executed in connection with the practice of his/her profession;

(O) Soliciting patronage in person or by agents or representatives, or by any other means or manner, under his/her own name or under the name of another person or concern, actual or pretended, in such a manner as to confuse, deceive, or mislead the public as the need or necessity for or appropriateness of health care services for all

patients, or the qualifications of an individual person(s) to diagnose, render or perform health care services;

(P) Using, or permitting the use of, his/her name under the designation of "physician assistant," "licensed physician assistant," "physician assistant-certified," or any similar designation with reference to the commercial exploitation or product endorsement of any goods, wares or merchandise;

(Q) Knowingly making, or causing to be made, a false statement or misrepresentation of a material fact, with intent to defraud, for payment under the provisions of Chapter 208, RSMo, or Chapter 630, RSMo, or for payment from Title XVIII or Title XIX of the federal Medicare program;

(R) Failure or refusal to properly guard against contagious, infectious or communicable diseases or the spread thereof; maintaining an unsanitary office or performing professional services under unsanitary conditions; or failure to report the existence of an unsanitary condition in the office of a physician or in any health care facility to the board, in writing, within thirty (30) days after the discovery thereof;

(S) Any person licensed to practice as a physician assistant, requiring, as condition of the physician assistant-patient relationship, that the patient receive prescribed drugs, devices or other professional services directly from facilities of that physician assistant's office or other entities under the supervising physician's or physician assistant's ownership or control. A physician assistant shall provide the patient with a prescription which may be taken to the facility selected by the patient;

(T) A pattern of personal use or consumption of any controlled substance unless it is prescribed, dispensed or administered by a physician who is authorized by law to do so;

(U) Practicing outside the scope of practice of the physician assistant as referenced in the physician assistants' supervision agreement;

(V) For a physician assistant to operate, conduct, manage, practice or establish an abortion facility, or for a physician assistant to perform an abortion in an abortion facility, if such facility comes under the definition of an ambulatory surgical center pursuant to sections 197.200 to 197.240, RSMo, and such facility has failed to obtain or renew a license as an ambulatory surgical center; and

(W) Being unable to practice as a physician assistant or with a specialty with reasonable skill and safety to patients by reasons of medical or osteopathic incompetency, or because of illness, drunkenness, excessive use of drugs, narcotics, chemicals, or as a result of any mental or physical condition.

1. In enforcing this paragraph the board shall, after a hearing by the board, upon a finding of probable cause, require a physician assistant to submit to a reexamination for the purpose of establishing his/her competency to practice as a physician assistant or with a specialty conducted in accordance with rules adopted for this purpose by the board, including rules to allow the examination of the pattern and practice of said physician assistant's professional conduct, or to submit to a mental or physical examination or combination thereof by at least three (3) physician assistants, one (1) selected by the physician assistant compelled to take the examination, one (1) selected by the board, and one (1) selected by the two (2) physician assistants so selected who are gradu-

ates of a professional school approved and accredited by the Commission for the Accreditation of Allied Health Education Programs and has active certification by the National Commission on Certification of Physician Assistants.

2. For the purpose of this paragraph, every physician assistant licensed under this chapter is deemed to have consented to submit to a mental or physical examination when directed in writing by the board and further to have waived all objections to the admissibility of the examining physician's testimony or examination reports on the ground that same is privileged.

3. In addition to ordering a physical or mental examination to determine competency, the board may, notwithstanding any other law limiting access to medical or other health data, obtain medical data and health records relating to a physician assistant or applicant without the physician assistant's or applicant's consent.

4. Written notice of the reexamination or the physical or mental examination shall be sent to the physician assistant, by registered mail, addressed to the physician assistant at his/her last known address. Failure of a physician assistant to designate an examining physician to the board or failure to submit to the examination when directed shall constitute an admission of the allegations against him/her, in which case the board may enter a final order without the presentation of evidence, unless the failure was due to circumstances beyond his/her control. A physician assistant whose right to practice has been affected under this paragraph shall, at reasonable intervals, be afforded an opportunity to demonstrate that s/he can resume competent practice as a physician assistant with reasonable skill and safety to patients.

5. In any proceeding under this paragraph neither the record of proceedings nor the orders entered by the board shall be used against a physician assistant in any other proceeding. Proceedings under this paragraph shall be conducted by the board without the filing of a complaint with the Administrative Hearing Commission.

6. When the board finds any person unqualified because of any of the grounds set forth in this paragraph, it may enter an order imposing one (1) or more of the disciplinary measures set forth in section (4) of this rule.

(3) After the filing of such complaint, before the Administrative Hearing Commission, the proceedings shall be conducted in accordance with the provisions of Chapter 621, RSMo. Upon a finding by the Administrative Hearing Commission that the grounds, provided in section (2) of this rule, for disciplinary action are met, the board may, singly or in combination, warn, censure or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed ten (10) years, or may suspend license, certificate or permit for a period not to exceed ten (10) years, or restrict or limit his/her license, certificate or permit for an indefinite period of time, or revoke his/her license, certificate, or permit for an indefinite period of time, or revoke his/her license, certificate or permit, or administer a public or private reprimand, or deny his/her application for licensure, or permanently withhold issuance of licensure or require the physician assistant to submit to the care, counseling or treatment of physicians designated by the board at the expense of the individual to be examined, or require the physician assistant to attend such continuing educational courses and pass such ex-

aminations as the board may direct.

(4) In any order of revocation, the board may provide that the person may not apply for reinstatement of licensure for a period of time ranging from two to seven (2–7) years following the date of the order of revocation. All stay orders shall toll this time period.

(5) Before restoring to good standing a license, certificate or permit issued under this chapter which has been in a revoked, suspended or inactive state for any cause for more than two (2) years, the board may require the applicant to attend such continuing education courses and pass such examinations as the board may direct.

(6) In any investigation, hearing or other proceeding to determine a licensed physician assistant's or applicant's fitness to practice, any record relating to any patient of the licensed physician assistant or applicant shall be discoverable by the board and admissible into evidence, regardless of any statutory or common law privilege which such licensee, applicant, record custodian or patient might otherwise invoke. In addition, no such licensed physician assistant, applicant, or record custodian may withhold records or testimony bearing upon a licensee's or applicant's fitness to practice on the ground of privilege between such physician assistant licensee, applicant or record custodian and a patient.

AUTHORITY: sections 334.100, 334.125, 334.735, 334.736, 334.741 and 334.743, RSMo Supp. 1999. *Emergency rule filed Sept. 15, 1992, effective Sept. 25, 1992, expired Jan. 22, 1993. Original rule filed April 2, 1992, effective Dec. 3, 1992. Amended: Filed Jan. 3, 1997, effective July 30, 1997. Amended: Filed July 25, 2000, effective Dec. 30, 2000. *Original authority: 334.100, RSMo 1939, amended 1945, 1959, 1963, 1974, 1976, 1979, 1981, 1983, 1984, 1986, 1987, 1989, 1990, 1993, 1997; 334.125, RSMo 1959, amended 1993, 1995; 334.735, RSMo 1989, amended 1996, 1997, 1998; 334.736, RSMo 1995, amended 1998; 334.741, RSMo 1989, amended 1998; 334.743, RSMo 1989, amended 1993, 1995, 1998.

Appendix A

Code of Ethics of The Physician Assistant Profession

The American Academy of Physician Assistants recognizes its responsibility to aid the profession in maintaining high standards in the provision of quality and accessible health care services. The following principles delineate the standards governing the conduct of physician assistants in their professional interactions with patients, colleagues, other health professionals and the general public. Realizing that no code can encompass all ethical responsibilities of the physician assistant, this enumeration of obligations in the Code of Ethics is not comprehensive and does not constitute a denial of the existence of other obligations, equally imperative, though not specifically mentioned.

Physician Assistants shall be committed to providing competent medical care, assuming as their primary responsibility the health, safety, welfare and dignity of all humans. Physician Assistants shall extend to each patient the full measure of their ability as dedicated, empathetic health care providers and shall assume responsibility for the skillful and proficient transactions of their professional du-

ties.

Physician Assistants shall deliver health care services to health consumers without regard to sex, age, race, creed, socioeconomic and political status.

Physician Assistants shall adhere to all state and federal laws governing informed consent concerning the patient's health care.

Physician Assistants shall seek consultation with their supervising physician, other health providers, or qualified professionals having special skills, knowledge or experience whenever the welfare of the patient will be safeguarded or advanced by such consultation. Supervision should include ongoing communication between the physician and the physician assistant regarding the care of all patients.

Physician Assistants shall take personal responsibility for being familiar with and adhering to all federal/state laws applicable to the practice of their profession.

Physician Assistants shall provide only those services for which they are qualified via education and/or experiences and by pertinent legal regulatory process.

Physician Assistants shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity, or services.

Physician Assistants shall uphold the doctrine of confidentiality regarding privileged patient information, unless required to release such information by law or such information becomes necessary to protect the welfare of the patient or the community.

Physician Assistants shall strive to maintain and increase the quality of individual health care service through individual study and continuing education.

Physician Assistants shall have the duty to respect the law, to uphold the dignity of the physician assistant profession and to accept its ethical principles. The physician assistant shall not participate in or conceal any activity that will bring discredit or dishonor to the physician assistant profession and shall expose, without fear or favor, any illegal or unethical conduct in the medical profession.

Physician Assistants, ever cognizant of the needs of the community, shall use the knowledge and experience acquired as professionals to contribute to an improved community.

Physician Assistants shall place service before material gain and must carefully safeguard against conflicts of professional interest.

Physician Assistants shall strive to maintain a spirit of cooperation with their professional organizations and the general public.

4 CSR 150-7.200 Fees

PURPOSE: This rule establishes the various fees which the State Board of Registration for the Healing Arts is authorized to collect in administering Chapter 334, RSMo. Under the provisions of Chapter 334, RSMo, the board is directed to set by rule the amount of the fees which Chapter 334, RSMo authorizes not to exceed the cost and expense of administering that chapter.

(1) The following fees are established by the Missouri State Board of Registration for the Healing Arts in conjunction with the director of the Division of Professional Registration:

(A) Licensure Application Fee	\$195.00
(B) Renewal Fee	\$ 50.00
(C) Late Renewal Fee	\$ 25.00
(D) Reinstatement Fee	\$ 75.00
(E) Temporary Licensure Fee	\$ 50.00
(F) Temporary Licensure Renewal Fee	\$ 50.00
(G) Returned Check Fee	\$ 25.00.

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

AUTHORITY: sections 334.125, 334.735, 334.736, 334.738 and 334.743, RSMo Supp. 2000.* *Emergency rule filed Sept. 15, 1992, effective Sept. 25, 1992, expired Jan. 22, 1993. Original rule filed April 2, 1992, effective Dec. 3, 1992. Amended: Filed April 16, 1996, effective Nov. 30, 1996. Amended: Filed July 25, 2000, effective Dec. 30, 2000. Amended: Filed April 30, 2002, effective Nov. 30, 2002. *Original authority: 334.125; RSMo 1959, amended 1993, 1995; 334.735 RSMo 1989, amended 1996, 1997, 1998; 334.736, RSMo 1995, amended 1998; 334.738, RSMo 1989, amended 1998; 334.743, RSMo 1989, amended 1993, 1995, 1998.*

4 CSR 150-7.300 Applicants for Temporary Licensure

PURPOSE: *This rule provides the requirements to apply for physician assistant temporary licensure.*

(1) Applicants for temporary licensure are required to make application on forms prepared by the board.

(2) No application will be considered unless fully and completely made out on the specified forms and properly attested.

(3) Applications shall be sent to the State Board of Registration for the Healing Arts, 3605 Missouri Boulevard, P.O. Box 4, Jefferson City, MO 65102.

(4) The fee for temporary licensure shall be an appropriate fee, to be established by the board. The fee shall be sent in the form of a cashier's check or money order drawn on a United States bank or firm; payable to the State Board of Registration for the Healing Arts. Personal and/or corporate checks will not be accepted. No application will be processed until the licensure fee is received.

(5) All applicants shall attach to the application a recent photograph not larger than three and one-half inches by five inches (3 ½" x 5").

(6) All applicants are required to submit satisfactory evidence of completion of a physician assistant program accredited by the Committee on Allied Health, Education and Accreditation of the American Medical Association, or its successor. Applicants shall submit official transcripts from their school of graduation confirming the degree awarded and date of degree award or a copy of their diploma.

(7) All applicants are required to submit a letter of

reference from the director of the applicant graduated as proof of the applicant's moral character.

(8) All applicants are required to submit verification of licensure, registration or certification from every state or territory in which the applicant is or has ever been licensed, registered or certified to practice as a physician assistant; and all other professional licenses, registrations, or certifications issued to the applicant regardless of whether or not such license, registration or certification is current.

(9) All applicants shall submit a complete curriculum vitae. This document must include the names and addresses of all previous employers, supervisors and job titles, from the date of high school graduation to the date of licensure application.

(10) All applicants shall furnish, on forms provided by the board, verification of physician supervision.

(11) Each applicant shall instruct the National Commission on Certification of Physician Assistants to submit the applicant's admission letter for the certification examination; such letter shall specify the date the applicant is scheduled to take the certification examination.

(12) Each applicant shall instruct the National Commission on Certification of Physician Assistants to submit the applicant's certification examination results directly to the board.

(13) The temporary license shall be valid until the examination results are received by the board, not to exceed three weeks following the mailing of the results by the National Commission on Certification of Physician Assistants.

(14) The temporary license shall automatically terminate if the temporary licensee fails the examination or does not sit for the examination as scheduled. The temporary licensee may apply for temporary licensure renewal pursuant to rule 4 CSR 150-7.310.

(15) Temporary licensees may be issued permanent licensure upon successful passage of the National Commission on Certification of Physician Assistants Examination as determined by the National Commission on Certification of Physician Assistants; submission/completion of all the requirements specified in rule 4 CSR 150-7.100, an updated activities statement, the application form and application fee.

(16) When an applicant has filed his/her application and the appropriate fee for temporary licensure, and the applicant is denied by the board pursuant to the provisions of section 334.100, RSMo and/or rule 4 CSR 150-7.140, or is subsequently withdrawn by the applicant, the fee will be retained by the board pursuant to the provisions of rule 4 CSR 150-7.200.

(17) The board may require the applicant for temporary licensure to make a personal appearance before the advisory commission and/or board before a final decision regarding licensure is rendered.

(18) An applicant may withdraw his/her application for temporary licensure any time prior to the board's vote on his/her candidacy for licensure.

AUTHORITY: sections 334.100, 334.125, 334.735, 334.736, 334.738, 334.742, 334.743, 334.745 and 334.749, RSMo Supp. 1999.* *Original rule filed July 25, 2000, effective Dec. 30, 2000. *Original authority: 334.100, RSMo 1939, amended 1945, 1959, 1963, 1974, 1976, 1979, 1981, 1983, 1984, 1986, 1987, 1989, 1990,*

1993, 1997; 334.125, RSMo 1959, amended 1993, 1995; 334.735, RSMo 1989, amended 1996, 1997, 1998; 334.736, RSMo 1995, amended 1998; 334.738, RSMo 1989, amended 1998; 334.742, RSMo 1989, amended 1998; 334.743, RSMo 1989, amended 1993, 1995, 1998; 334.745, RSMo 1989, amended 1996, 1997; 334.749, RSMo 1996, amended 1998, 1999.

4 CSR 150-7.310 Applicants for Temporary Licensure Renewal

PURPOSE: This rule provides the requirements to apply for physician assistant temporary licensure renewal.

(1) Physician assistant temporary licensees who fail the National Commission on Certification of Physician Assistant Examination on their first sitting or who do not take the examination as scheduled may apply for temporary licensure renewal one (1) time. Temporary licensure renewal will be determined at the discretion of the board, on an individual basis.

(2) Applicants for temporary licensure renewal are required to make application on forms prepared by the board.

(3) No application will be considered unless fully and completely made out on the specified forms and properly attested.

(4) Applications shall be sent to the State Board of Registration for the Healing Arts, 3605 Missouri Boulevard, P.O. Box 4, Jefferson City, MO 65102.

(5) The fee for temporary licensure renewal shall be an appropriate fee, to be established by the board. The fee shall be sent in the form of a cashier's check or money order drawn on a United States bank and/or firm, payable to the State Board of Registration for the Healing Arts. Personal and/or corporate checks will not be accepted. No application will be processed until the temporary licensure renewal fee is received.

(6) All applicants shall furnish an updated curriculum vitae detailing activities and employment since issuance of original temporary license.

(7) Each applicant shall instruct the National Commission on Certification of Physician Assistants to submit the applicant's admission letter for the certification examination; such letter shall specify the date the applicant is scheduled to take the certification examination.

(8) Applicants applying for temporary licensure renewal due to failure of the certification examination, as determined by the National Commission on Certification of Physician Assistants, are required to inform their supervising physician, in writing, of the examination results. A copy of this notification must be submitted to the board with the licensure renewal application.

(9) Applicants applying for temporary licensure renewal due to failure to take the certification examination as scheduled must show good and exceptional cause, verified under oath, as to the circumstances, which prevented the applicant/temporary licensee from taking the examination as scheduled. Good and exceptional cause shall include:

- (A) Death in the immediate family;
- (B) Illness documented by physician statement;
- (C) Accident;
- (D) Jury duty; and
- (E) Other exceptional causes as determined by the

board.

(10) Each applicant shall instruct the National Commission on Certification of Physician Assistants to submit the applicant's certification examination results directly to the board.

(11) The renewed temporary license shall be valid until the examination results are received by the board, not to exceed three (3) weeks following the mailing of the results by the National Commission on Certification of Physician Assistants.

(12) The renewed temporary license will automatically terminate if the licensee fails the examination or does not sit for the examination as scheduled.

(13) Temporary licensees may be issued permanent licensure upon successful passage of the National Commission on Certification of Physician Assistants Examination as determined by the National Commission on Certification of Physician Assistants; submission/completion of all the requirements specified in rule 4 CSR 150-7.100, an updated activities statement, the application form and application fee.

(14) When an applicant has filed his/her application and the appropriate fee for temporary licensure renewal, and the applicant is deemed to be ineligible or denied by the board pursuant to the provisions of section 334.100, RSMo and/or rule 4 CSR 150-7.140, or is subsequently withdrawn by the applicant, the fee will be retained by the board pursuant to the provisions of rule 4 CSR 150-7.200.

(15) The board may require an applicant for temporary licensure renewal to make a personal appearance before the advisory commission and/or board prior to rendering a final decision regarding temporary licensure renewal.

(16) An applicant may withdraw his/her application for temporary licensure renewal anytime prior to the board's vote on the application.

AUTHORITY: sections 334.100, 334.125, 334.735, 334.736, 334.738, 334.742, 334.743, 334.745 and 334.749, RSMo Supp. 1999. Original rule filed July 25, 2000, effective Dec. 30, 2000. *Original authority: 334.100, RSMo 1939, amended 1945, 1959, 1963, 1974, 1976, 1979, 1981, 1983, 1984, 1986, 1987, 1989, 1990, 1993, 1997; 324.125, RSMo 1959, amended 1993, 1995; 334.735, RSMo 1989, amended 1996, 1997, 1998; 334.736, RSMo 1995, amended 1998; 334.738, RSMo 1989, amended 1998; 334.742, RSMo 1989, amended 1998; 334.743, RSMo 1989, amended 1993, 1995, 1998; 334.745, RSMo 1989, amended 1996, 1997; 334.749, RSMo 1996, amended 1998, 1999.*